

LEA LETTERHEAD

SPEECH OR LANGUAGE SCREENING PERMISSION FORM

Child's Name _____ School _____

Dear Parent:

Your child has been recommended for speech or language screening. You will be notified of the results after the screening is completed.

If the screening indicates that your child does not need additional testing, then no further action will be required by you or the school system. If the screening indicates that your child presents error patterns that are developmentally appropriate at this time, then the Speech-Language Pathologist will provide you and/or your child's teacher with information to assist in fostering continued appropriate development. This information may be incorporated into the classroom's Response to Instruction (RtI) program in Tier I. If the screening indicates that your child needs a more in-depth speech or language evaluation, you will receive a notice to request that you attend a meeting to discuss the need for an evaluation to determine if your child needs special education and related services.

The following screenings will be conducted:

- _____ Vision screening
- _____ Hearing screening
- _____ Speech screening (articulation, fluency, voice)
- _____ Language screening
- _____ Classroom teacher checklist (K-12 students only)
- _____ Preschool teacher checklist (Preschool students only). If your child does not attend a preschool program, you may be asked to complete a checklist regarding your child's speech or language development.

Please check one of the responses listed below and sign and date the form in the space provided:

_____ Yes, I give permission for the screening(s).

_____ No, I do not give permission for the screening(s).

Parent/Guardian Signature

Date

Please return this form to the person listed below. If you have questions, please call the person listed below at the phone number provided.

Name

Position

Phone

Date form sent to parent: 1st attempt _____ 2nd attempt _____