

PARENT CONSENT FOR SELECTIVE SCREENING

Student Name (Last, First, Middle) _____ **Birthdate (mo., day, year)** _____

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GRADE	AGE	PRIMARY LANGUAGE	SEX
			MALE <input style="width: 30px;" type="checkbox"/> FEMALE <input style="width: 30px;" type="checkbox"/>

PARENTS	ADDRESS	TELEPHONE

REFERRED BY: _____

Personnel assigned to complete screenings will discuss the instruments to be used and why they are chosen with the parent/guardian.

Type of Screening(s)	Name/Position

Location of Screening: _____

Date of Screening: _____

Time of Screening: _____

I, as parent of (child) _____ grant permission for the screening of my child.

_____ **YES** _____ **NO** **DATE:**

PARENT SIGNATURE _____
