

East Central Special Education

Selective Screening Parent Permission Form

Date: _____

_____ School District requests permission to locally provide
an information screening of _____ for the following reasons:

The screening will consist of the following activities:

The person responsible for the screening: _____

_____ I give my permission for the screening.

_____ I deny my permission for the screening.

Date

Parent/Guardian

Signatures:

School Administrator

Classroom Teacher

