**East Central Special Education**

Selective Screening Parent Permission Form

Date: Click here to enter a date.

Click here to enter text. School District requests permission to locally provide

an information screening of Click here to enter text. for the following reasons:

Click here to enter text.

The screening will consist of the following activities:

Click here to enter text.

The person responsible for the screening: Click here to enter text.

[ ]  I give my permission for the screening.

[ ]  I deny my permission for the screening.

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Date Parent/Guardian

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classroom Teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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