

Warren County Schools

PO Box 110
Warrenton, NC 27589
252.257.3184

School Assistance Team

PARENTAL NOTIFICATION/CONSENT OF SCREENING PROCEDURES

Date ____/____/____

Dear _____ :

Your child, _____, is having difficulty in these areas at school:

We are planning to begin a screening process for your child to determine the best way(s) he/she can be served. The screening process generally takes four to six weeks and may include these steps:

- 1. Use of various classroom interventions
 - 2. Vision, hearing, and health screening*
 - 3. Classroom observation
 - 4. Review of school records
 - 5. Speech-language screening*
 - 6. Parent conference(s)
- (*May require individual screening)

After the process, one of the following decisions may be made:

- 1. The screening information and interventions may provide recommendations that will allow your child to be successful and they will be continued;
- 2. A referral may be made for additional services; or
- 3. A referral may be made for more in-depth evaluation, which could result in consideration for special education services.

We encourage you to be a part of this team to help with the screening and the planning. As the parent(s) or legal guardian(s) of the child involved in this process, we are also requesting consent to conduct any individual screening of your child, which may be necessary. The school will not make any further referrals without your knowledge or permission.

Our goal is the success of your child. Please call _____ at phone number _____ if you have questions.

Sincerely,

Principal/Designee

I hereby give my permission for the screening of my child. I understand that no additional referrals or evaluations (other than those mentioned above) will be given without my permission.

Parent/Guardian Signature

Date