



MERCER COUNTY SCHOOLS

"Great Kids Achieving Great Things"

Dear Parents,

Your child has been recommended by his/her teacher or at your request to participate in an educational screening. This entails shortened versions of an achievement, speech, language, intelligence tests, behavior observations and/or rating scales. School staff members will administer these screenings during the regular school day. Scores from these instruments will provide information about your child's current educational progress and direction regarding interventions or further testing that might be helpful in helping your child reach their maximum potential at school. Test results will be confidential and will only be shared with you and appropriate school staff.

We request your permission to complete the following checked assessments below:

- | | |
|---|--|
| <input type="checkbox"/> Academic Screening | <input type="checkbox"/> Attention Screening |
| <input type="checkbox"/> Intelligence Screening | <input type="checkbox"/> Speech/language Screening |
| <input type="checkbox"/> OT Screening | <input type="checkbox"/> Vision Screening |
| <input type="checkbox"/> Motor Screening | <input type="checkbox"/> Hearing Screening |

**** Please sign and date below indicating your permission for these screenings.

I give my permission for my child, _____, to participate in the testing indicated above.

Parent signature

Date

Thank you. If you have any questions regarding this consent form, please feel free to contact me at 733-7000.

Sincerely,

Stephanie DeFoor Rogers
Director of Special Education

Return to:

Staff member	_____
School	_____
Phone number	_____
Email address	_____