Ballston Spa
Educating Everyone Takes Everyone
CENTRAL SCHOOL DISTRICT

Office of Special Education
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Parent Consent for Speech/Language Screening

Your child's progress in school was recently discussed at a Child Study Team Meeting. Due to concerns noted by the adults who work with your child, the Child Study Team requested the follow screening(s):

_____Speech _____Language

To proceed with the requested screening, consent must be obtained from a parent or legal guardian. Upon receipt of written consent, a Speech Therapist will begin the screening. Results will be reviewed at your child's next Child Study Team Meeting.

If you have any questions about why this screening was requested, please contact your child's teacher or school principal/administrator. Thank you for your cooperation.

_____ _____
School Principal/Administrator Date

Please indicate with a check mark which screening(s) you give permission for:

	Area of Concern:	**Specific Concern:**	**Who does this Screening?**
	Speech		Speech Therapist/
			Pathologist
	Language		Speech Therapist/
			Pathologist
	I do not give permission for any screenings to be completed for my child.		

Child's Name: _____ D.O.B.: _____ Grade: _____

School of Attendance: _____ Child's Teacher: _____

School District of Residence: _____

Parent Name (Print): _____Phone No.: _____

Student's Address_____

Parent Signature: _____ Date: _____