



PRINT STUDENT'S NAME (LAST) (FIRST) (M.I.)	DATE (MM/DD/YY)	
	STUDENT ID. NO.	

NOTICE OF INTENT AND PARENTAL/GUARDIAN CONSENT TO CONDUCT A SCREENING/ASSESSMENT

To the Parent(s) or Guardian(s) of: _____

A screening/assessment is needed for your child to assist in addressing academic/behavior concerns related to Child Study Team (CST)/School Support Team (SST)/Student Development Team (SDT)/Comprehensive Diagnostic Profile (CDP)/ Reevaluation Team (RT) or Individual Educational Plan (IEP) development in the following areas:

- Family Background and History (early childhood, medical information)
- Academic
 - Reading *Phonological & Early Literacy Inventory (PELI)*
 - Writing
 - Mathematics
- Attention
- Behavior (interview, monitoring, observation)
- Bilingual Assessment (language dominance and proficiency in native language and English)
- Sensory Skills
 - Vision
 - Hearing
- Speech
- Language
- Other(s) BDI-2, Devereux Early Childhood Assessment (DECA) OR Social Responsiveness Scale (SRS)

After obtaining the results of this screening/assessment, a meeting may be scheduled with you and your child's teacher to develop an intervention or educational plan that will be based on the assessment data gathered from school personnel. You, as a parent, have the right to obtain screening/assessment results.

Before returning this notice, please complete the following: (Check all that apply)

- Yes No I/We understand the reason for this screening/assessment.
- Yes No I/We request a meeting to discuss this proposed screening/assessment.
- Yes No I/We give consent for this screening/assessment. If yes, Please sign and date.

Consent: _____
(Parent/Guardian Signature) (Date)

Please return this form and address any questions about this screening/assessment to:

_____ at _____ or
(Name/Title) (Telephone)

_____ at _____
(Name/Title) (Telephone)