

**HAYWOOD COUNTY SCHOOLS
PARENTAL PERMISSION/NOTIFICATION OF
SCREENING PROCEDURES**

Date: ____/____/____
School/Child Care Center: _____
Child's Name: _____
Date of Birth: ____/____/____

Dear _____:
(PRINTED parent first and last name)

Child Find is an effort coordinated by Haywood County Schools and the Exceptional Children Division, State Department of Public Instruction, to:

- Locate and identify children and youth ages 0 through 21 with disabilities who are in need of special education and related services.
- Inform parents and/or guardians of the services available from their local school systems and other state and community agencies.

As part of Child Find we are offering the following screenings: **Classroom observations, Speech-language screening, Educational screening, Motor screening, Hearing screening**

** Area(s) of concern:

*In an effort to communicate effectively, please let me know the best way to reach you: email, phone numbers, etc. To make sure the appropriate people are invited to meetings, please let me know if I need to send communications to a parent or guardian **not** living with the student. **If custody of the student is shared, all custodial parents/guardians must be informed of meetings.** Please complete the following contact information:*

Custodial Parent/Guardian Contact Information Form

Name(s): _____ Phone: _____
Relationship to Child: _____
Mailing Address: _____

Email: _____

Who makes final decisions regarding your child's medical and educational needs?

Name(s): _____ Phone: _____
Relationship to Child: _____
Mailing Address: _____

Email: _____

_____ I give my permission for this screening. _____ I do not give permission for this screening.

Parent/Guardian Signature

Relationship to child

Please call Eunice Ledford, EC Preschool Coordinator, if you have any questions. The telephone number is (828) 452-1833, ext. 6707.