

CHILD & FAMILY DEVELOPMENT PROGRAMS
Community Action Team
Parent Permission for Speech and Language screening

CHILD: _____ DATE OF BIRTH: _____ CENTER/CLASS: _____

After getting to know your child in a classroom setting, it would be helpful to have ESD's Speech Language Pathologist observe your child at Head Start to ensure that we provide the best learning environment while supporting you and your child.

If you give your permission, your child will be observed and the Speech Language Pathologist will share the information with you and Head Start. This will enable us to develop the best learning plan for your child.

I **DO** give my permission to have my child screened and for the information to be shared with Head Start.

Parent/Guardian Signature

Date

I **DO NOT** give my permission to have my child screened or for the information to be shared with Head Start.

Parent/Guardian Signature

Date

Signature of Staff Person Obtaining Permission

Date