



Griffin - Spalding County School System

CHILD STUDY TEAM

PARENT CONSENT FOR SCREENING

Date: _____

Dear Parent/Guardian:

Your child, _____, has been referred for a classroom observation or a school screening that will be helpful in determining specific problem areas. Test results will be used by the Child Study Team to plan remedial help, assist the teacher in designing alternative teaching techniques, or in determining the need for more comprehensive evaluation.

_____ I agree for my child to be screened/observed

_____ I do not agree

Child's name _____ DOB _____

Parent's name _____ Parent's phone # _____

Parent's email _____

_____ Date _____

Parent's Signature

Preschool/Day care _____ Days and times attending _____