

Telephone: (518)237-0800
District Office Extension: 3309
Jr./Sr. High School Office Extension: 3701
Jr./Sr. High School Guidance Extension: 3314
Elementary Office Extension: 3501
Central Registration Office Extension: 3710

Permission to Screen

Dear Parents,

New York State Law requires that students' eyes and ears be checked by our nurse to assess their condition (Health and Physical). To enable our staff to determine the best possible educational program for your child, additional individual screening is required. The result of this screening will help us to determine if any special services and/or placements are appropriate for your child's educational needs.

Screening may occur in the following areas:

- Speech/Language, or Hearing
- Occupational/Physical Therapy
- Academic Subjects (e.g. reading, math)
- Intellectual Ability
- Health or Physical
- School Adjustment

Parental consent is required for us to proceed with an individual screening. To help us best meet the needs of your child, please sign the permission form below.

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Permission to screen _____
Child's Name

I have read the above and hereby give permission for the proposed screening process to be conducted:

Signature of Parent/Guardian Signature **Date**