



Lincoln County Schools

The staff of Lincoln County Schools strives to help all children learn and perform to their maximum potential. Occasionally, we find that a student may benefit from additional assistance to help meet their educational goals. We are requesting your permission to conduct a screening to determine if your child needs assistance in one or more areas checked below. We need your permission to proceed with the screening (s).

The school would like your permission to screen your child in the area(s) checked below:

- Health**
- Vision**
- Hearing**
- Academic**
- Behavior**
- Cognition**
- Motor Screening**

If concerns are noted by the teacher and further screenings are warranted, a screening will be conducted for:

- Occupational Therapy** – *In one or more of the following school related areas of concern:* Personal Care Skills, Student Role/Interaction Skills, Learning/Academics/Process Skills, Play, Written/Graphic Communication
- Physical Therapy** – *In one or more of the following school related areas of concerns:* Travel, Task Related Mobility, Maintaining and Changing Positions, Recreational Movement
- Speech Language Screening**
School related areas of concern:
 - Articulation
 - Language
 - Voice
 - Fluency

_____ **Yes, I do give** the school permission to complete the selected screening(s) with my child. I understand that this does not include a full evaluation. If the suspected delays are confirmed, I understand that interventions will be completed by a teacher and may result in a referral to an Admissions and Release Committee (ARC).

_____ **No, I do not give** the school permission to complete the selected screening(s) with my child. I understand that my child's teacher is concerned about possible delays, but I do not give consent for my child to be screened at this time.

If you have any questions, please contact your child's school.