



PRESCHOOL DEVELOPMENTAL DELAY
and SPEECH/LANGUAGE SCREENINGS PERMISSION FORM

Child's Name _____ D.O.B. _____

Dear Parent:

Developmental delay and speech/language screenings are needed to determine the appropriateness in the Athens City Eagle's NEST program. You will be notified of the results after the screening is completed.

If the results are developmentally appropriate at this time, you will be notified of placement into the Athens City Preschool Program.

If the screenings indicate that your child needs a more in-depth evaluation, you will receive a notice for a meeting to discuss the possible need for an evaluation to determine eligibility for special education services.

The following screenings will be conducted:

☒ Vision screening

☒ Hearing screening

☒ Developmental screening in the areas of motor, communication, social/emotional, cognition, and adaptive skills.

☒ Speech/Language screening (articulation and language skills)

Please check one of the responses listed below and sign and date the form in the space provided:

_____ Yes, I give permission for the screening.

_____ No, I do not give permission for the screening.

Parent/Guardian Signature Date

Please return this form by mail or in person to:

Athens City Schools
Dr. Jessica Lynn, Exceptional Services Coordinator
455 US Hwy. 31 N.
Athens, AL 35611

You may submit this completed form digitally by email to jessica.lynn@acs-k12.org with the subject line **EAGLES NEST SPEECH SCREENING FORM**.