



RURAL CHAMPAIGN COUNTY SPECIAL EDUCATION COOPERATIVE
807 N. Mattis Ave, Champaign, IL 61821
217-892-8877 FAX: 217-893-8627

Jennifer Armstrong, Executive Director

Consent for Screening

I understand that this screening is being conducted as part of the general education program to guide educational supports and/or instructional strategies that may benefit my child in the classroom. While this assessment is not part of a special education evaluation, the information collected may be considered if a special education evaluation is deemed appropriate in the future. I understand that I will be provided with a report summarizing my child's performance and a copy will be placed in my child's cumulative file at school. If I have questions at any time, I will contact the evaluators listed below.

I, _____ give consent for my child, _____, to be screened by the following providers using the tools listed below.

____ School Psychologist in the area(s) of: _____

____ Social Worker in the area(s) of: _____

____ Occupational Therapy: _____

____ Physical Therapy: _____

Parent/Guardian

Date

Evaluator

Received