

JEFFERSON PARISH PUBLIC SCHOOL SYSTEM PARENT PERMISSION FOR SCREENING

Dear Parent/Guardian of _____ (*child's name*):

In the State of Louisiana, there are four legislative and federal acts that require public school systems to screen all children for any impediments that might interfere with a successful school education. These acts are:

1. Section 504 of the Rehabilitation Act of 1973,
2. Louisiana Law for the Dyslexic Student R.S. 17:7 (11),
3. Educating students in grades K-3, with AD/HD R.S. 17:7 (15), and
4. Bulletin 1903 Screening and Intervention for School Success (K-3).

With your signed permission, your child will be screened by knowledgeable educators for Dyslexia (*a language disability*), AD/HD (*attention deficit/hyperactive disorder*), and Social and Emotional problems.

As the above screenings are completed, you will be notified ***only*** if a concern becomes evident. In that case, you will be contacted by the school and given the opportunity to provide input towards the individualized plan which may be developed for your child. A copy of your Parental Rights/Procedural Safeguards has been attached. Please sign and return this consent form within **five (5)** school days.

Thank you for your cooperation. If you have any questions, please contact me at _____
(**School Phone #**)

Sincerely,

Principal &/or Teacher &/or 504 Coordinator

We also ask that you provide any helpful information, such as medical reports, that you might have.

_____ (<i>Signature of Parent/Guardian</i>)	_____ (<i>Date</i>)	Yes, I give permission to have my child screened.
_____ (<i>Signature of Parent/Guardian</i>)	_____ (<i>Date</i>)	No, I do not give permission to have my child screened.