



# Hancock County Educational Service Center

7746 CR 140 • Findlay, OH 45840

Phone: (419) 422-7525 • Fax: (419) 422-8766

## Permission for Data Collection

Dear Parent(s)/Guardian(s),

A concern has been voiced by the Intervention Assistance Team (IAT) or 504 Team about \_\_\_\_\_'s performance at \_\_\_\_\_ school.

In order to help evaluate the best way to serve your child's needs, we suggest that further information be obtained about your child's educational skills. Therefore, we are requesting your permission to complete one or more of the following individual screening measures:

- |  |   |
|--|---|
| <input type="radio"/> Classroom observations           | <input type="radio"/> Hearing screening             |
| <input type="radio"/> Cognitive/intellectual screening | <input type="radio"/> Auditory processing screening |
| <input type="radio"/> Achievement screening            | <input type="radio"/> Reading screening             |
| <input type="radio"/> Language screening               | <input type="radio"/> Behavioral screening          |
| <input type="radio"/> Speech screening                 | <input type="radio"/> Other screening               |
| <input type="radio"/> Vision screening                 | (specify) _____                                     |

If you have any questions, please contact me at \_\_\_\_\_

Sincerely,

\_\_\_\_\_

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Please complete the following:

I understand that the completion of any of the above screening measures DOES NOT constitute an evaluation for special education. This information is being gathered for educational planning purposes and to assist school staff in providing effective intervention to my child.

- I give permission for my child to be screened by school personnel in the above areas.
- I do not give permission for my child to be screened.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_

Phone #2 \_\_\_\_\_