



FDLRS GALAXY



Florida Diagnostic and Learning Resources System
Serving the school districts of Indian River, Martin, Okeechobee, & St. Lucie
www.fdlrsgalaxy.org 772-429-4601 or 1-800-358-8525

PARENT CONSENT FOR AN INDIVIDUAL EDUCATIONAL SCREENING & PERMISSION FOR RELEASE OF RECORDS & INFORMATION FROM RECORDS

An individual screening is recommended to assist us in meeting the educational needs of your child. To administer this screening, it is **required** to have the parent/legal guardian of the child sign consent, giving written permission prior to any screening or observation.

Your child's individual screening will be conducted by trained personnel using appropriate instruments and screening materials. This screening may include, but not limited to the following:

- | | | |
|-------------------------|------------------------|----------------------------|
| Developmental Screening | Vision Screening | Reports from other sources |
| Speech Screening | Hearing Screening | |
| Language Screening | Behavioral Observation | |

You will be notified of the screening results in writing. Feel free to contact Child Find if you have any questions. If further evaluation is recommended, screening results will be released to the Exceptional Student Education Department (ESE) of the school district in which you reside.

As the Parent/Legal Guardian of _____, I have read and understand my rights in regard to the proposed individual screening.

____ I, the parent/legal guardian, give my permission for screening

____ I authorize other agencies or persons to release appropriate information to FDLRS Child Find and the Exceptional Student Education Department of the school district in which the child resides.

____ I authorize FDLRS Child Find to release screening results to the referring agency/provider. _____ **(Parent Initial Required)**

_____/_____/_____
 Parent/Legal Guardian Signature **(REQUIRED)** Date FDLRS Consultant/Off Site Referral Source Signature **REQUIRED**