

BARROW COUNTY SCHOOL SYSTEM PRE-K PROGRAM

179 West Athens Street
Winder, GA 30680
770-867-4527

PRE-K PERMISSION TO SCREEN

I agree for my child, _____, to receive screening at
_____ Elementary School due to concerns in the
following area(s):

The screening may include any or all of the following tests:

- (1) Observation by Barrow County School System Staff
- (2) Vision and hearing screening
- (3) Developmental Screener
- (4) Completion of a behavior rating scale by parent/guardian and/or the child's teacher
- (5) Other _____

I agree for Barrow County School System Staff to complete the activities listed above.

I understand that this information will be kept confidential and will be released only with my permission.

Signature of Parent/Guardian

Date

Relationship to Child

Child's Name