



SPECIAL NEEDS SCREENING CONSENT or WAIVER FORM

Please complete the appropriate section(s) below:

I, (print name)

agree **or** decline to be administered the (print name of instrument)
to determine the probability of a learning disability.

agree **or** decline to be administered the (print name of instrument)
to determine the probability of ADD or ADHD.

agree **or** decline to be administered a vision and/or hearing screening to provide information
about visual and/or auditory functions and processing

If I agree to screening (s), it (they) will take place on or about (date) _____ at (program name)

Results of the screening will be reviewed by one or more staff members of the above named program and will be utilized for the purpose of instructional planning. Results of the screening (s) will be maintained in a secure location at the above named program and will not be released to a third party without the consent of the student/parent or guardian.

Signature of Student/Parent or Guardian*

Date

Signature of Program Representative

Date

***Students under the age of 18 must have this consent form signed by the student's parent or guardian.**