

URBAN STRATEGIES EARLY LEARN
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Pelham Bollers
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Educational Director

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CONSENT FOR THE CHILD TO RECEIVE SCREENINGS AND EXAMINATIONS
(By Parent or Guardian)

I, _____ HEREBY GIVE MY CONSENT for the child or children listed below to receive screening tests and assessments checked below, and for the transport of the child (children) to and from the services as needed. I understand that these services are deemed necessary or advisable by the HEAD START PROGRAM, and I will be informed of any results that are not normal.

This consent is valid for (1) year after the date signed. The purpose of this consent form has been explained to me.

CHECK OF SERVICES BELOW:

- Vision Screening
- Hearing Screening
- Dental Examination
- Ears , Nose, Hair, and Fingernails Inspection
- Parent Teacher Conference, Home Visits, IEP (Individual Education Plan) (Mandated by the Federal Government)
- High Scope COR (Mandated by the Federal Government)
- Brigance II Screening (Developmental, Parent's Reports/Ratings/Teacher's Reports/Ratings Forms (Mandated by the Federal Government)

CHILD'S NAME	DATE OF BIRTH

Signature of Parent/Guardian: _____

Witness: _____