

**TANGIPAHOA PARISH SCHOOL SYSTEM**

**SCREENING/ASSESSMENT CONSENT FORM**

Dear Parent/Guardian:

Tangipahoa Parish School System, in compliance with Bulletin 1903 [R. S. 17:7 (11) (B)], will provide an initial screening for every child in grades k – 3, at least once, for dyslexia and related disorders, ADHD, and social and emotional “at risk” factors. In order to fulfill its obligation under Section 504, the school system recognizes a responsibility to avoid discrimination in policies and practices regarding its students.

Signed consent will allow screening, and assessment if needed, at school, for the entire period a student is enrolled in any public school in the Tangipahoa Parish School System. Consent may be rescinded in writing at any time. Please return this form to the homeroom teacher.

I understand that if this consent is not signed, the student named below will not be screened.

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**YES** \_\_\_\_\_ **Tangipahoa Parish School System has my permission to provide an initial screening for dyslexia and related disorders, ADHD, and social and emotional “at risk” factors.**

**NO** \_\_\_\_\_ **Tangipahoa Parish School System does not have my permission to provide an initial screening for dyslexia and related disorders, ADHD, and social emotional “at risk” factors.**

“The Tangipahoa Parish School System does not discriminate on the basis of race, color, national origin, sex, age, disabilities or veteran status. We are an equal opportunity employer.”