

SCHOOL LETTERHEAD

Date: _____

Student: _____

DOB: _____

RE: **Permission for Screenings for the Student
Assistance Team Meeting**

Dear Parent/Guardian:

Your son/daughter has been referred to the Student Assistance Team concerning:

In order to obtain additional information about the concern, we may be conducting screening(s) in the following areas: Sensory screening – vision and/or hearing; Assistive technology; Sensory processing; Health; Social/emotional/behavior; Educational/developmental; Speech and Language; Motor; Gifted; Talented - visual arts, music, theater.

You will be invited to the Student Assistance Team meeting to aid the team in addressing your child's educational needs at this time. If you have any medical, health, or other relevant records, please bring them to the meeting. Also, please bring any information you may have to assist the team in determining the appropriate course of action in addressing your child's needs. We will contact you concerning the date, time and location of the SAT meeting once we have gathered the necessary screening information.

Return this form within 5 school days. Once we receive your permission, we will start the screening process and you will be invited to the SAT meeting to discuss the results.

Call me at _____ if you have any questions.

Sincerely,

SAT Chairperson

___ I grant permission for my child to be screened.

___ I do not grant permission for my child to be screened.

Parent Signature

Date