

# PERMISSION FOR REFERRAL TO SPECIAL EDUCATION SERVICES

Dear: \_\_\_\_\_,  
Based on the results of the screenings conducted on your child  
\_\_\_\_\_ in the areas listed below, we are interested in  
referring your child for further screening.

- \_\_\_\_\_ Cognitive Development (self help, social skills, attention skills, etc.)
- \_\_\_\_\_ Fine and Gross Motor Skills (involving activities such as coloring).
- \_\_\_\_\_ Puzzles, running, and tricycling, etc.
- \_\_\_\_\_ Speech and Language
- \_\_\_\_\_ Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Other

You school district is obligated to provide your child with a free  
Screening in the area/s listed above.

- \_\_\_\_\_ I will call the school district to schedule a screening appointment myself.
- \_\_\_\_\_ Kids Central, Inc. has my permission to refer my child to my school district. I understand that a staff member of the school district will then contact me to schedule an evaluation date.
- \_\_\_\_\_ I do not wish to refer my child at this time.

Parent/Guardian Name \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Child DOB \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_