



Dracut Public Schools
KINDERGARTEN
Screening Permission Form

Kindergarten Screening Permission Form

I hereby grant the Dracut Public Schools professional staff permission to evaluate/screen my child using a professionally recognized assessment tool and to release any relevant evaluative data within the school system for professional purposes only.

Child's Name: _____ Date: _____

Parent/Guardian Signature _____

Address: _____

Has your child ever attended or participated in:

1) Head Start Program? Yes No

If Yes, what were the dates of attendance?

Start _____ End _____

2) Specialized Preschool/Day Program Yes No
sponsored by the Department of Public Health such as The Ann Sullivan Center.

If Yes, what were the dates of attendance?

Start _____ End _____

3) Specialized Preschool/Day Program Yes No
sponsored by any state or local agency or school system?

If Yes, what were the dates of attendance?

Start _____ End _____