ADAMS WELLS
SPECIAL SERVICES COOPERATIVE

Adams Wells Special Services Cooperative

102 W. Main Street
Berne, IN 46711
(260) 824-5880

North Adams Community Schools
Adams Central Community Schools
South Adams Schools

Norwell Community Schools
M.S.D. Bluffton-Harrison
Southern Wells Community Schools

Speech Screening Permission

Student Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

Parents: _____ School: _____

Teacher: _____ Grade: _____

I, legal guardian of _____, give my permission for Adams Wells Special Services Cooperative to complete a speech/language screening. I understand that should the results indicate that no further evaluation is needed, I have the right to request such evaluation.

_____ _____

Parent Signature Date

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_____

Student Name

Dear Parent(s) or Guardian(s):

A speech and/or language screening was recently conducted on your child at _____.

Results indicate:

☐ Your child passed the speech and language screening.

☐ Your child passed the speech and language screening; however, some sound errors were noted. These errors are typical for your child's age.

☐ Results of the screening indicated that further evaluation is needed. In order to pursue further evaluation, complete the attached form and return it to school with your child.

If you have any questions or concerns, do not hesitate to contact me.

Thank you,

_____

Speech Language Pathologist

_____ _____ _____

Email Phone Date Sent

ADAMS WELLS
SPECIAL SERVICES COOPERATIVE

Parent Request for Initial Educational Evaluation

Speech Only ☐ Language Only ☐ Both Speech and Language ☐

STUDENT:_____ DOB:_____ GRADE:_____

PARENT/GUARDIAN NAME:_____ PHONE: _____

STREET ADDRESS:_____

CITY: _____, Indiana ZIP CODE:_____

TEACHER: _____ BUILDING:_____

As the parent/guardian of the above-named student, I request an initial educational evaluation to determine if my child is eligible for special education services.

The public agency representative will notify me within ten (10) school days of its proposal or refusal to evaluate my child.

This form does not constitute written permission to evaluate.

_____ _____

Parent/Guardian Signature Date

Office use only

Date Received: _____ 10 day timeline: _____