



# PARENT CONSENT FOR INDIVIDUALIZED SCREENING AND CONSULTATION

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

RE \_\_\_\_\_

ID Number \_\_\_\_\_

Dear \_\_\_\_\_

On \_\_\_\_\_, Fairfax County Public Schools (FCPS) contacted you with concerns regarding your child's \_\_\_\_\_ skills.

On \_\_\_\_\_, you contacted FCPS with concerns regarding your child's \_\_\_\_\_ skills.

In order to better understand your child's education needs, FCPS is requesting that an individualized screening and consultation be conducted with your child.

The individualized screening and consultation will take place only after we have received your written consent. Your granting of consent is voluntary. Following the individualized screening and consultation, a staff member will contact you to discuss the results. The results of the individualized screening and consultation are considered to be confidential and you have the right to review your child's educational records.

The individualized screening and consultation may consist of a combination of the following:

If you have any questions, or wish to discuss this process further, please contact:

\_\_\_\_\_  
Staff Member

\_\_\_\_\_  
Telephone Number

Please return this form indicating whether or not consent is given for FCPS to proceed with the individualized screening and consultation to your child's school as soon as possible.

I GIVE CONSENT for FCPS to proceed with the proposed individualized screening and consultation.

I DO NOT GIVE CONSENT for FCPS to proceed with the proposed individualized screening and consultation.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

*Information from the Fairfax County Public Schools scholastic record is released on the condition that the recipient agrees not to permit any other party access to such information without the written consent of the parent or of the eligible student.*