

Jefferson County Schools
P.O. Box 190, 1221 Gay Street
Dandridge, TN 37725
865-397-3194
(Click, Type, and Print)

Dear _____ ,

In our Student Intervention Team meeting today a concern was voiced about _____ performance in class. In order to help evaluate the best way to serve his/her needs, we suggest that further information be obtained about his/her educational skills. Therefore, we are requesting your permission to complete one or more of the following individual screening measures:

- Classroom observations
- Cognitive/intellectual screening (KBIT)
- Achievement screening (KTEA)
- Language screening
- Speech screening
- Vision screening
- Hearing screening
- Auditory processing screening
- Reading screening
- Behavioral screening
- Other screening (specify)

If you have any questions, please contact me at _____

Signed: _____
(school counselor)

Please check one of the choices below, sign and return to the school.

- I give permission for _____ to be screened by school personnel to determine the need for further assistance.
- I do not wish for _____ to be screened.

Date: _____ Parent Signature: _____