



Sequatchie Valley Planning & Development Agency

SEQUATCHIE VALLEY HEADSTART

1510 Cedar Ave P.O. Box 769 • So. Pittsburg, TN 37380-0769

(423) 837-6724 • FAX (423) 837-9369

PARENT - GUARDIAN CONSENT FOR SCREENING

CENTER: _____ DATE: _____

I give permission for my child, _____, to be screened at the Head Start center by _____. This is a screening routinely given prior to Kindergarten entry.

Signature of Parent / Guardian

Date

I explained the purpose of the consent to the parent named above.

Signature of Head Start Representative

Date

When school systems screen children, notes / documentation is needed to explain the use of the tool and results.