

# PARENT PERMISSION FOR COMPREHENSIVE SCREENING

Sevier County Board of Education  
226 Cedar Street  
Sevierville, Tennessee 37862  
(865) 453-4671

Student Name: \_\_\_\_\_ School: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parent:

Each year the State of Tennessee requires the local school system to screen students in certain grades, transfer students, students who have been retained, students receiving Special Education services, and students suspected of having problems with schoolwork. The screening process helps to identify problems of hearing, vision, and/or speech and language that may affect a student's performance in the classroom. The school system also plans to provide dental, scoliosis, and some general health assessments, as well as information and instruction at specific grade levels as needed throughout the school year.

If a problem is suspected from the initial screening, you will be notified of the results and recommendations for follow-up. Please assist the school system in these screenings by giving your permission and by providing information about your child's health that may affect the school experience. If you have any questions, please contact your child's teacher or school principal.

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## TO BE FILLED OUT BY PARENT

Check only one:

- I give my permission for the school system to comprehensively screen my child.  
 I do not give my permission for the school system to comprehensively screen my child.

\_\_\_\_\_  
Date Signature of Parent or Guardian

HEARING	VISION	SPEECH/LANGUAGE	OTHER HEALTH PROBLEMS
Frequent Ear Infection _____	Glasses or Contacts _____	Doctor _____	
Ear Surgery _____	Cataracts _____	Dates of Treatment: _____	
Other _____	Surgery _____	First _____	
Doctor _____	Other _____	Last _____	
Dates of Treatment: _____	Doctor _____	Special Problems _____	
First _____	Dates of Treatment: _____		
Last _____	First _____		
	Last _____		

**RETURN THIS FORM TO THE CLASSROOM TEACHER.**

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*Note to the classroom teacher: Please return this form to the office for the Master Screening Notebook.*