**SCREENING CONSENT FORM**

Dear Parents,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(insert name of school)* has collaborated with Maharat Learning Center (MLC) who are specialized in providing screening and assessment to support with understanding of children needs and ensuring appropriate access arrangements can be put in place at school.

Your child has been identified by school as one who would benefit from an observation by an MLC specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(insert name)* to determine if any further assessment or support may be required. At this time, this would involve a member of MLC personnel conducting a brief observation in class and may involve a teacher completing a screening form. There is no cost for this observation/screening. Following this, a brief summary of this observation will be shared with school, who will share this with you. If any further assessment were recommended, further consent would be gained.

This form is to provide consent for MLC to conduct a free observation of your child in school, and to provide feedback to school who will share this with you. All information from the observation is confidential between MLC, school and parents. Unless required by law, no information that discloses the child or parents/guardians identity will be released to anyone outside the above listed circle of care without further written consent from you.

**CONSENT & AUTHORIZATION**

By signing this form, I hereby give my permission to MLC and the school as named above to receive and release information pertaining to observation and screening of my child within school. I understand that I can cancel this consent at any time by notifying MLC in writing and that my cancellation will take effect only after MLC have received written notice.

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_