

**Jefferson County Schools**  
**P.O. Box 190, 1221 Gay Street**  
**Dandridge, TN 37725**  
**865-397-3194**

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: \_\_\_\_\_