



Head Start Summer Screening Permission



Child's Name: _____

Child's Birthdate: _____

This permission form is only to be used for screenings that take place in the summer months prior to the completion of the Child Health History.

Developmental Screen (Brigance)

Speech Screen

Hearing Screen

Vision Screen

The above screenings have been explained to me and I give my permission for my child to take part in the screenings I have identified

Parent/ Guardian Signature

Date