

CONSENT FOR KINDERGARTEN SCREENING

Student: _____ Birth Date: _____
Child's Full / Legal Name

Address: _____

Phone/s: _____

Home School: _____

Yes, I give consent to Decatur Public Schools personnel, as the parent or legal guardian,
to screen the child listed above, at _____
Child Care Center/School Name

to determine his/her readiness for Kindergarten. I understand that the scores received from
the Brigance screening tool will be shared with the following educators and agencies:

- Kindergarten teacher and principal at my child's home school
- Childcare provider
- Decatur Area Education Coalition for research purposes and future educational opportunities

Results from the screening will be shared with me through my child's teacher and/or through
correspondence from the school district.

Parent/Guardian signature

Date