

Raleigh County Schools Notice of Intent To Screen

Student _____ **School** _____
Parent Name _____ **Address** _____
Birthdate _____ **Phone Number** _____
WVEIS # _____ **Date** _____

Dear Parent:

Your child's school progress was reviewed on _____ at a
 ___ Student Assistance Team (SAT) Meeting, ___ Individual Education Program (IEP) Meeting,
 ___ Multidisciplinary Team (MDET) Meeting ___ by an evaluator in the special education department
 ___ Other _____

After reviewing current school records and/or observations of your child in the school setting, the team members determined additional information may be needed to determine educational needs. Screening in the following area(s) is recommended:

Check	Screening Area	Rationale
	Vision	
	Hearing	
	Speech/Language	
	Gifted (Intellectual Screen)	
	Fine Motor (IEP Eligible Students)	
	Gross Motor (IEP Eligible Students)	

The screening will be provided, at no cost to you, by qualified personnel. The results of the screening will be provided to you in writing. After the screening has been conducted, the ___SAT or ___IEP team will review your child's educational needs along as it relates to the screening results and other available information to determine if educational services are needed or additional testing. If further testing is needed, your written consent for a multidisciplinary evaluation is required. You will be contacted to provide consent for the proposed evaluation.

If you do not want your child to be screened, please contact your school administrator within the next (10) days. If we do not hear from you by _____ the screening will be initiated. For additional information you may contact _____ at _____.

Sincerely,

 Administrator Date

___SAT ___ MDET ___ IEP Team Members
 ___Other _____
 Administrator: _____
 Current Teacher _____
 Other Professional _____

COPY OF SCREENING RESULTS SENT TO:

Date	Name	Location/Position

Return form to: Neely Harvey, Office of Special Programs, 301 Park Avenue, Beckley, WV 25801