

Hall County School System
Health Services
Parent/Guardian Permission Form
Hearing and Vision Screen



Student: _____ DOB: _____

Teacher: _____

Teacher: Please indicate reason for referral:

- Parent/Teacher concerned about potential _____ vision and/or _____ hearing issues
- If for RTI: _____ Tier 2 _____ Tier 3 _____ Tier 4
- IEP evaluation or re-evaluation: _____

Parent/Guardian Permission:

The school nurse or trained school staff has my permission to perform a vision and/or hearing screen on my child _____ for the purpose of identifying problems with his/her vision/hearing.

Parent signature: _____

Date: _____

Permiso Examines De Vision Y Audicion:

La enfermera dela escuela tiene mi permiso para efectuar un examen de vision y/o audicion a mi niño/a _____ con el proposito de indentificarn cualquier problema con su vision o audicion.

Firma del padre: _____

Fecha: _____