

{Insert Name of Agency}
Screening Consent/Waiver – Form

Review this form very carefully. Be sure to ask questions about anything you do not understand.

I do not want to be screened for learning disabilities at this time.

If you do not want to be screened for a learning disability at this time:

- 1. This program will not give you any special treatment because of a learning disability unless a screening and evaluation show that you have one.*
- 2. You may change your mind and ask for a learning disabilities screening at any time.*

I would like to be screened for learning disabilities at this time

If you accept screening for learning disabilities at this time:

- 1. You may be entitled to specialized instruction and accommodations.*
- 2. Screening results will be shared with you, the intake specialist, your tutor and/or teacher only. For the results of your screening to be released to anyone else you must sign a Release of Information form.*
- 3. Screening results will be used to assist your teacher/tutor in planning instruction.*
- 4. Recommendations may be made by the examiner for further screening or evaluation. You have no obligation to accept further screening.*
- 5. Screening results will become part of your permanent file.*

Name of Screening Test Given: _____

Date of Screening: _____

I have read this form or had it read to me. I understand the information on this form and understand my decision regarding learning disability screening.

Printed Name: _____

Signed Name: _____

Today's Date: _____