

## SPEECH SCREEN

The speech pathologist will conduct a speech screening at the beginning of the school year for all the Pre-K students. Please put your child's name, sign your name, and check "yes" or "no" indicating if you would like your child screened. If any speech concerns are found, you will be notified of the services available.

Child's name \_\_\_\_\_

Parent's signature \_\_\_\_\_

\_\_\_\_ Yes, I give consent for my child to have a speech screening.

\_\_\_\_ No, I do not give my consent for my child to have a speech screening.

## VISION SCREENING

Prevent Blindness of Oklahoma will be conducting visual screenings at the beginning of the school year. This is only a vision screening, not a complete vision examination. Please complete the information below to allow your child to be screened.

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name \_\_\_\_\_

My signature gives my consent for my child to be screened.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_