

# Abbeville County School District

Office of Special Services

400 Greenville Street

Abbeville, South Carolina 29620

Telephone: (864) 366-5427 Fax (864) 366-8531

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

Your child, \_\_\_\_\_, is having difficulty in certain areas of his/her school program. The Student Support Team will begin a screening process for your child so that we may be able to offer suggestions as to how he/she can best be served in our school program. The screening process will include one or more of the following:

1. classroom strategies
2. vision, hearing, and health screening
3. classroom observations
4. reviewing school records
5. parent conference(s)
6. speech-language screening
7. academic and/or intellectual screening
8. referral to outside agencies
9. behavioral data (specific instruments and procedures will be outlined in your child's action plan)

Please call if you have questions. The telephone number is \_\_\_\_\_.

Sincerely,

Principal/Designee

\* \* \* \* \*

Please check the appropriate statement, sign and return this form to school as soon as possible.

\_\_\_\_\_ I **give** my permission for my child to be individually screened.

\_\_\_\_\_ I **do not** give permission for my child to be individually screened.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Does your child receive Medicaid? \_\_\_\_\_ Yes \_\_\_\_\_ No Medicaid #: \_\_\_\_\_

If potentially eligible, would you be interested in applying for Medicaid? \_\_\_\_\_ Yes \_\_\_\_\_ No

RETAIN A COPY IN STUDENT'S FOLDER