

## MENOMINEE COUNTY ISD SCREENING REQUEST FORM

Carney-Nadeau       Stephenson       Menominee       North Central       Headstart

<b>Date of Request:</b>		Student's Name:	
Date of Birth:	Sex:	Grade:	Teacher:
Mother/Guardian:		Father/Guardian:	
Mother Address:		Father Address:	
City, State, Zip:		City, State, Zip:	
Mother Phone:		Father Phone:	
Mother Email:		Father Email:	
Student's Primary Residence: <input type="checkbox"/> Mother's Address <input type="checkbox"/> Father's Address <input type="checkbox"/> Shared Equally/Live Together			
Source of Screening (Circle One):      Student Study**      Parent Request <b>**Attach Student Study Notes**</b>			
<b>*REQUIRED* TEACHER/SCHOOL CONCERNS:</b>			
<b>*REQUIRED* PARENT/GUARDIAN CONCERNS:</b>			

Check the appropriate box below and return this form to your child's teacher:

- YES**, the Menominee County ISD has my permission to conduct a screening of my child as described above.
- NO**, I do not want my child screened at this time.

\_\_\_\_\_  
Parent/Guardian(s) Signature

\_\_\_\_\_  
Date Signed

**To be completed by ISD:**

Actions Taken:     Observation     Checklist     Interview     Other \_\_\_\_\_

Provider Name:	Date of Screening:
Provider Signature:	Provider Phone:
Provider Email:	Date Results Sent to Parent/Guardian:
<b>FINDINGS/RECOMMENDATIONS:</b>	