



CONSENT FOR SCREENING

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
(989) 354-3101

As the parent/guardian of _____, DOB: _____

I give my permission to have staff of the Alpena-Montmorency-Alcona Educational Service District use the _____ to help determine present skills in the area of _____.

I understand that the information obtained from the assessment will be used to guide instruction.

I give my permission to have my child screened during this school year _____.

Signature of Parent/Guardian

Date

Staff Contact Person

Date