

➤ Required Information
(Form will be returned if not complete)

2020-2021

**Wilbur D. Mills Education Service Cooperative
EARLY CHILDHOOD SPECIAL EDUCATION
P.O. Box 850 Beebe, AR 72012 / 501.882.3852**

**Please Complete Back*

Parent Consent for Screening

➤ Name of Child _____ ➤ Sex _____

➤ Race [check all that apply] Hispanic Amer.Indian/Alaskan Asian Black Hawaiian/Pacific Islander White

➤ Check if Interpreter needed Parent Child

➤ Date of Birth _____ ➤ Age _____ ➤ School District of Residence _____

➤ SSN _____ ArKids Number: _____

➤ Physical Address _____
Street Address City Zip

➤ Mailing Address _____
P.O. Box City Zip

➤ Names of Parents/Guardians _____

➤ Phone Nos. _____
Mother's Info: Home Cell Work

Father's Info: Home Cell Work

➤ Service Location: (Please fill in school name) _____

➤ Consent: I give the Wilbur D. Mills Early Childhood Special Education Program permission to screen my child.

➤ _____ ➤ _____
Signature of Parent/Guardian Date

➤ Services child is currently receiving or has recently received:
 Speech OT PT Counseling HIPPIY *Attach copy of latest Evaluation(s)

DO NOT WRITE BELOW THIS LINE

The following area(s) have been screened:

Areas	Screened		Result		Rescreen		Area(s) of Referral
	By [Person]	Date	Passed	Failed	Date	Result	
Developmental Areas							
Vision							
Speech/Language							
Hearing							

By signing below, I verify that the results of the DIAL-4 screen conducted on my child were discussed with me.

Signature of Parent/Guardian Date

Parent/Guardian was not in attendance. Letter explaining screening results was:

Mailed to parent/guardian on this date Left at center for pickup. _____
Date

Child failed: Vision Hearing Letter mailed to parent/guardian on: _____

A Referral was made to the WDMESC Early Childhood Special Education Program on: _____