



CONSENT FOR SCREENING

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

As the parent/guardian of _____

- I have received a copy of the special education parents' rights booklet "Working Together".

- I give permission to have AMA Educational Service District staff interview my student and to use the following tools to help determine if a comprehensive assessment is recommended to determine if my child may be eligible for special education programs or services.

- I **DO NOT** give my permission to have my child screened at this time.

Signature of Parent/Guardian

Date

Staff Contact Person

Phone