

TROUP COUNTY SCHOOL SYSTEM
Department of Exceptional Education
Parental Consent for Vision and Hearing Screening

Date _____

Our team would like to arrange for an individual vision and hearing screening in order to gather more information about how to meet your child's needs. Please sign below to let us know whether or not you agree for the screening to take place.

_____ Yes, I agree for the Troup County Schools to complete a vision and hearing screening.

_____ No, I do not agree for the following reasons:

Signature of Parent/Guardian/Surrogate

Date