



TROUP COUNTY BOARD OF EDUCATION
Exceptional Education Services
712 Whitesville Road LaGrange, Georgia 30240
706 812 7939 * fax 706 883-2395
www.troup.k12.ga.us

Superintendent, Dr. Cole Pugh

Director of Exceptional Education: Dr. L Sankar

Dear _____ ,

Your child _____ has been referred for an observation to be conducted by our school's speech/language pathologist.

During this observation, our speech pathologist will come in and observe your student during a typical classroom activity. In order to adequately assess your child's speech/language needs, the speech pathologist may conduct a brief, informal assessment. Typically, this is done just outside the classroom, but may be conducted in the speech room of the school.

After observation/screening is completed, you will receive written notification as to recommendations. You may agree or disagree to have your child observed, but your decision must be indicated below.

I have read or have had read to me the above statements requesting permission to observe my child, _____.
(name of your child)

Please check one:

_____ I give permission for observation to be conducted by the school
speech/language pathologist

_____ I will not grant permission for the following reason:

Parent/Guardian/Surrogate

Date