MPCS
Manassas Park City Schools
Expectations of Excellence

Cougar Elementary School
9330 Brandon Street
Manassas Park, VA 20111-8202
703-392-1317 – Main Office
703-392-7204 - Fax

Parental Permission for Developmental Screening

I _____ give permission for Manassas Park City Schools to proceed with a developmental screening assessment of my child _____.

I understand that I have the right to review my child's school records and be informed of the results of the screening. I understand that no change will be made in my child's educational program as a result of the screening without my knowledge. I understand that a Child Study meeting will be scheduled within 10 business days after the screening.

_____ I give consent to the screening

_____ I do not give consent to the screening.

_____ _____

Date Signature of parent

OFFICE USE ONLY:

_____
Date Received

_____
Date of Screening

_____
Child Study Date/Time