



# Hickory Public Schools

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[www.hickoryschools.net](http://www.hickoryschools.net)

## Parent Permission for Screening

(Revised 5/10/22)

I \_\_\_\_\_, give permission for my child, \_\_\_\_\_  
to be a part of the developmental screening offered by professional staff of the Hickory Public  
Schools Preschool program. My child will be given a screening called the DIAL-4. The DIAL-4  
screens motor, concepts, speech, language, self-help, and social emotional skills. The DIAL-4  
screening can help identify if my child's skills are appropriate for his or her age. This screening may  
also include vision and hearing screening. If my child needs further evaluations or special education  
services, I understand that they can be provided by the school system free of charge.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: \_\_\_\_\_

Mom's Name \_\_\_\_\_ Mom's Phone # \_\_\_\_\_

Dad's Name \_\_\_\_\_ Dad's Phone # \_\_\_\_\_

Hispanic: Y/ N Ethnicity: \_\_\_\_\_

Email address \_\_\_\_\_

ADDRESS \_\_\_\_\_

PRESCHOOL/DAYCARE \_\_\_\_\_

AREA OF CONCERN \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_