

SCREENING REQUEST FORM

Child's name: _____
Last First Middle

Date of birth: _____ Age: _____ Grade in school: _____

Present school: _____ If ever retained, which grade or grades: _____

Name of parent or guardian: _____ Work/Cell # _____

E-mail address: _____ Home phone # _____

Address: _____

I request an **educational screening** for the above named child, to determine whether he/she may be eligible for participation in the Carnegie IDEA Academy.

I understand the IDEA Screening Committee will handle the screening.

I understand that the battery of tests, their evaluation or interpretations are not meant to be used for inclusion or exclusion in any public school program.

I understand this is NOT a psychological examination and that the IDEA Screening Committee is not responsible for providing a comprehensive written report. Should a more extensive report be required, we will suggest an appropriate diagnostic center.

I understand that I can request a conference with a member of the Screening Committee to discuss the screening results.

I understand that all tests are property of the IDEA Screening Committee and the tests themselves will not be available to me.

DATE: _____ **Time:** _____

Signature of Parent/Guardian

Date

Student Signature

Date

Please return this screening request 2020 using one of the three methods:

IDEA: Center for Excellence
P.O. Box 22
Emmalena, Kentucky 41740

Email: bito5@me.com

Fax: 606-785-0013