

Crawford County Elementary School
MTSS/Multi Tiered System of Support
Permission for Hearing/Vision Screening

Dear Parent/Guardian:

As you know, your child _____ is currently being served through the Multi Tiered System of Support (MTSS) team. Through the collaborative efforts of the MTSS team, we hope to develop successful interventions for helping your child have a more productive school year. As part of the MTSS process, we conduct hearing and vision screenings to determine whether hearing/vision problems are contributing to your child's difficulties in class. Please complete the information below so that we may proceed with the screening.

We appreciate your support of our efforts. If you have any questions, please contact me at 478-836-3171.

Sincerely,

MTSS Coordinator

_____ Yes, I agree for the Crawford County Schools to conduct a hearing and vision screening on my child.

_____ No, I do not agree for the Crawford County Schools to conduct a hearing and vision screening on my child. Please contact me for more information.

Parent/Guardian Signature

Date

