

Joint Educational Services in Special Education
324 N. Kingston Rd., P.O. Box 418
Plymouth, IN 46563
(574) 936-2627 (800) 388-0054
Fax: (574) 936-8184

JESSE EARLY CHILDHOOD/PRESCHOOL PROGRAM

PRESCHOOL SCREENING/INTERVENTION

Date _____

As we have discussed today, we have some concerns about your child's development and/or progress. As a result, we would like your permission to gather the data listed below for

_____ DOB: _____.

This screening will hopefully assist us in better meeting his/her educational needs.

TESTS:

Articulation Screening

Observation, Progress Data, Vision/Hearing Screenings

| | |
|---|-------|
| _____ | _____ |
| Parent/Guardian Signature | Date |
| _____ | _____ |
| Signature of Preschool Staff Member | Date |
| _____ | _____ |
| Signature of JESSE Early Childhood/Preschool Staff Member | Date |

This screening will NOT begin a timeline and does NOT determine eligibility. This permission along with the completed testing should be sent to the JESSE office.

RESULTS/RECOMMENDATIONS:

Signature Date Completed