

EARLY SCREENING INSTRUMENT  
TESTING PERMISSION  
SUU HEAD START

I give my permission for my child, \_\_\_\_\_,  
to be tested with the Early Screening Inventory. I understand that I will be given results of this  
screening before I leave the test site and will have the opportunity to have any questions  
answered. I also understand that these scores will be kept confidential and will not be shared  
with any other school, organization, or agency without my written permission.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

CHD 1a

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