

Dear Parents,

Your child has been chosen as a possible candidate for the Pegasus Program. Prior to being admitted to the program, a Speech and Hearing screening must be completed by a district Speech Pathologist. Please sign the consent for screening below. A District SLP will contact you to schedule a screening.

I give permission for Lamar CISD to complete a speech and hearing screening with my son/daughter
_____. His/her birthday is _____.

Parent's Signature _____ Date _____

Parent Contact Number _____

Please return this form to **Vera Romero in the Special Education Department** no later than February 10, 2012.