

Trinity Christian Preschool & Child Care
Screening/Assessment Permission Form
2018-2019 School Year

Child's Name: _____

I **Do Give** Trinity Christian Preschool and Child Care Center, Inc. permission to use *Ages & Stages Screening Tool* and *Teaching Strategies Gold Assessment*.

I understand both documents are research-based and age-appropriate for preschoolers.

I understand I will have two opportunities to review the results of the screening and the assessments with my child's teacher during Parent-Teacher Conferences.

Parent/Guardian Signature

Date

I **Do Not Give** Trinity Christian Preschool and Child Care Center, Inc. permission to use *Ages & Stages Screening Tool* and *Teaching Strategies Gold Assessment*.

Parent/Guardian Signature

Date