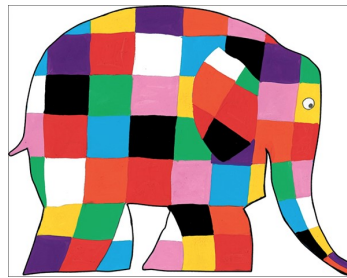


Vocational Preschool

Director, Lisa Machold



macholli@qps.org

217-224-3775

219 Baldwin Drive

Quincy, IL 62301

Screening Permission

I/We the parents of _____
give permission to The Vocational Preschool for screenings to be conducted while my child is attending the Preschool. Screenings might include: vision and hearing, speech and language, occupational therapy, physical therapy and the DIAL early education screening. Results will be shared with parents and ALL results are considered confidential.

Parent Signature

Date

Picture Permission

The Vocational Preschool has permission to take snapshots and videos of school activities which may involve my child _____ (child's name). These pictures may be used in presentations about the program and to help high school students study about the way children learn.

Parent Signature

Date