



Attn: Special Education Department
3801 Avenue N
Rosenberg, TX 77471
(832) 223-0400 (office)
(832) 223-0401 (fax)

Dear Parent(s),

Your child has been chosen as a possible candidate for the Pegasus Program. Prior to being admitted to the program, a speech and language screening must be completed by a district Speech Pathologist. Please sign the consent for screening below. A representative from the Special Education Office will contact you to schedule a screening.

I give permission for Lamar CISD to complete a speech and language screening with my son/daughter,

_____. His/her date of birth is _____.

Parent Signature: _____

Date: _____

Parent Contact Phone Number: () _____ - _____.