



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: ( ) \_\_\_\_\_ - \_\_\_\_\_.