

*Glassboro Public Schools*  
*Department of Special Services*

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Christine Williams, Supervisor of Special Services

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**STUDENT SCREENING CONFIRMATION FORM FOR EVALUATIONS**

The completion of this form is required for your child to enter the school building for a scheduled assessment. Please complete below and give it to the evaluator upon arriving at the building.

Only the child will be permitted to enter the building. The evaluator will meet you and your child at the side door. Parents may wait outside the school building or arrange with the evaluator to pick up at a specific time.

**NAME:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**DATE OF ASSESSMENT:** \_\_\_\_\_

By signing below, I am confirming that my child is fever free (temperature must be less than 100.4) and is not exhibiting the symptoms listed below on the above indicated date.

- Cough
- Shortness of breath or difficulty breathing
- Fever or chills
- Sore throat
- New loss of taste or smell
- Headache
- Muscle or body aches
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

To the best of my knowledge, my child has not tested positive for COVID-19 or been exposed to someone who has tested positive for COVID-19 in the last 14 days.

My child has not travelled internationally or within the United States where the COVID-19 cases are increasing within the last two weeks.

I agree to contact the Child Study Team office if someone in our household tests positive for COVID-19 up to 14 days after today's date.

**SIGNATURE:** \_\_\_\_\_

**Please note: A new signed form is required for each day of testing.**

EQUAL OPPORTUNITY EMPLOYER