



Denial of Service Form

I, _____ , the mom or dad/guardian
(PRINT your name)

of _____ , Head Start student attending
(PRINT name of Head Start student)

_____ Center/School during the

_____ school year.

I understand what the test, treatment or evaluation entails. I understand that this is part of the Head Start Program. I decline the following services offered by Region 9.

The REASON for declining this service is stated below:

Mom or Dad/Guardian Signature

Date

HS Personnel Accepting this Form