

Consent to Screen Speech Language Form

Child's Name: _____

Date Sent: _____

Name, Address, and phone number of Parent/Guardian:

Dear _____

The following concerns have been expressed regarding your child's speech and language skills in the classroom:

These difficulties are the reason(s) for referral and why we would like to conduct a speech language **screening** to determine if your child would benefit from further speech language evaluation. If permission is granted, a speech language pathologist will conduct the proposed initial screening at no cost to you.

Once the screening is completed you will be provided with results and recommendations and if further evaluation is needed you will be contacted. I hereby give permission for my child to participate in a speech language screening to determine if further evaluation is needed.

Parent/Guardian Signature

Date

For questions or further information please contact:

Katie Faust M.A, CCC-SLP, Speech Language Pathologist

Chit Chat Therapy

(631) 559-5047

Katie.speech.sc@gmail.com