

CHILD NAME: _____



Consent for Screening/Evaluation/Treatment

Patient Name: _____ DOB _____

Parent/Guardian Name: _____

Please complete the form below to grant permission and authorize a screening, comprehensive speech and language evaluation, and/or treatment (as needed) for your child. Speech-language evaluations consist of standardized testing, criterion-referenced testing, formal and informal observations, and clinical judgment.

A screening and/or comprehensive evaluation will be completed during your first session(s) to obtain baseline data about your child's speech and language skills. Evaluations typically last between two and three hours, though times will vary depending upon a variety of factors. Evaluations will be completed every six months to monitor progress and adjust goals as needed. The cost for an evaluation includes the evaluation itself, as well as a detailed report and a 30-minute consult to review the results.

I, _____, authorize Sound Speech, LLC to screen, evaluate, and/or treat _____ . Treatment is based upon the findings of the evaluation and the recommendations of the responsible speech-language pathologist.

As the parent/guardian, I have read the above information and understand Sound Speech's screening/evaluation/treatment policies. I accept all terms and conditions. By signing this form, I acknowledge that I have read and understand the contents and am competent to execute it or, if executed on behalf of another, I am authorized to execute it on behalf of that person.

Parent/Guardian Signature

Date

Parent/Guardian Name (Printed)