



Authorization & Consent for Speech & Language Screening

On March 12, your child has the opportunity to participate in general speech and language screenings. These screenings will be conducted by a licensed speech-language pathologist on site at our school. During this time, basic skills in the areas of articulation, language processing, expressive language, speech fluency, and pre-reading skills are assessed. Screenings take approximately 15 minutes, during which time your child will participate in play-like activities 1:1 with the evaluator. The results of this evaluation are confidential and will be provided to you in a sealed envelope within one week. If further evaluation is recommended, that information will be provided to you.

If you would like your child to participate in this opportunity, please complete the information below and return it by _____ along with a check for \$20 payable to Language & Learning Arts.

Child name: _____ Date of birth: _____

Parent/Guardian: _____

Address: _____

Phone number: _____

Email: _____

Primary language spoken at home: _____

Other languages spoken at home: _____

I give consent for my child to participate in a screening evaluation for speech & language skills. I understand that this screening is not a comprehensive diagnostic tool, and either passing or failing the screening is solely intended to provide an indication of which children are developing typical skills and which children may benefit from further evaluation. I understand that the results of the screening will be kept confidential.

Parent/guardian signature

Date