Kathryn M. Abbene, M.A., CCC-SLP
Speech Language Pathologist

Permission For Speech Screening

I _____ authorize Kathryn M. Abbene, M.A., CCC-SLP to screen my child for
Parent/Guardian Name (Please Print)

delays in speech/language. Mrs. Abbene will provide basic results and recommend formal evaluation when necessary. A separate consent will be requested if parent agrees to a Speech/Language Assessment. There is no charge for the initial screening.

_____

Student Name Grade Teacher

_____

Parent/Guardian Name (Please Print) Relationship to Student

_____

Signature Date

_____

Parent/Guardian Name (Please Print) Relationship to Student

_____

Signature Date

American Speech-Language-Hearing Association
Certified Member

ASHA Certified
CA License: SP21800

Email: kabbene.slp@gmail.com