



Permission For Speech Screening

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

age-appropriate speech and language development. Mrs. Suski will provide results and may recommend formal evaluation. 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
-----------	------
