

PROMPT SCREENING CONSENT

A PROMPT therapy screening is recommended prior to receiving PROMPT speech-language services to determine whether your child is currently a candidate and could benefit from PROMPT therapy. Documentation supporting the previous evaluation(s) may be requested.

SCREENING

DESCRIPTION: A PROMPT therapist will take measures of your child's communication and (if requested) feeding/swallowing skills.

DURATION: 45 to 60 minutes.

MEASURES: Informal screening probes, such as professional observation, parent/teacher consultation, checklists, and dynamic assessment of child's responses to tactile-kinesthetic input.

OUTCOME: A screening outcome sheet with indication of *recommendation for full evaluation, PROMPT therapy initiation, monitoring of child's development, referral to other professional, and/or functioning within normal limits.*

COST: _____.

I would like my child to be **screened** in areas related to the following concerns:

CONSENT FOR SCREENING/EVALUATION:

We hereby consent for **FirstRowe Speech Pathology, P.C.** to screen/evaluate our child as indicated above.

FULL NAME OF CHILD

DATE OF BIRTH

PARENT/GUARDIAN SIGNATURE

DATE