

SCREENING CONSENT

A screening or evaluation will be recommended prior to receiving speech-language services if your child's communication skills have not been evaluated in the last 1 year or in the last 3 years with current goals to be targeted. Documentation supporting the previous evaluation(s) may be requested.

SCREENING

- **DESCRIPTION:** Typically one or two short measures of your child's communication and/or feeding/swallowing skills.
- **DURATION:** 15 to 30 minutes.
- **MEASURES:** Informal and/or formal screening tools, such as professional observation, parent/teacher consultation, checklists, and standardized screeners.
- **OUTCOME:** A screening outcome sheet with indication of *recommendation for full evaluation, monitoring of child's development, referral to other professional, and/or functioning within normal limits.*
- **COST:** free.

_____ 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