## Appendix Y: Language-Speech Screening Permission Form

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| **District Name:** *Enter District Name* **Date:** *Select Date* |
| **Student’s Name:** *First Name* *Middle Initial*. *Last Name* |
| **Student’s DOB:** *Select Date of Birth* **Grade:** *Enter Student’s Grade in School* |
| **School:** *Enter School Name* **Communication Assessment:** *Click to Enter Text* |

Dear Parent,

Your child has been recommended for a language-speech screening. Your permission is required to proceed. The results of the language-speech screener will be provided to you once completed.

I, (Parent/Guardian), give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be screened for language and/or speech deficits.

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Parent/Guardian Signature Date