

Wakulla County Schools

**PERMISSION TO SCREEN FOR SPEECH**

Dear Parent:

We are interested in your child's communication success at school; therefore, your child's teacher referred \_\_\_\_\_ to the school's Speech-Language Pathologist to address his/her communication. The teacher and Speech-Language Pathologist would like to gain more information about your child's communication by administering an individual screening. This screening will include vision, hearing and articulation measures.

In order for this to be accomplished, your consent must be obtained. All information gathered will be shared with you at your request.

**Please check the appropriate box and return this letter to your child's teacher.**

If you have any questions, please feel free to contact me at \_\_\_\_\_.

Thank you,

\_\_\_\_\_  
Speech-Language Pathologist

\_\_\_\_\_  
School

- Yes, I give my consent for my child to be screened for communication.
- No, I do not give my consent for communication screening.

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_