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SCREENING PERMISSION FORM

Compass Speech Therapy LLC conducts complimentary speech and language screenings at your child's school and/or in our office setting. The following areas are analyzed:

- Articulation (speech sound production)
- Language
- Fluency (stuttering)
- Voice

Upon completion of the screening, a brief summary report will be sent home with you/your child to notify you of the results. If the screening indicates that your child's skills are *within normal limits*, then no further action will be required by you or the school. If the screening indicates that your child presents with error patterns that are *developmentally appropriate* at this time, then the speech-language pathologist will provide you and/or your child's teacher with information to assist in fostering continued appropriate development. If the screening indicates that a *full evaluation is recommended*, you will be given information as to how to proceed accordingly.

If you have any questions or concerns, please contact me at (585) 507-0146 or Lindsay@CompassSpeechTherapy.com.

Child's Name: _____ Date of Birth: ____/____/____

School: _____

Parent's/Guardian's Name: _____

Address: _____

Email Address: _____

Phone Number: _____

How Did You Hear About Us? _____

Availability(Preferred Time/Day to be Seen): _____

Please describe the concerns of the teacher and/or parent (i.e. articulation of ___ sound(s); forming grammatically-correct sentences; unable to comprehend questions asked of him/her; not demonstrating appropriate social skills):

I hereby give consent to have my child screened by Compass Speech Therapy LLC.

(Parent's/Guardian's Signature)

(Date)