



THERAPY SERVICES

LIVE • SPEAK • LOVE

Yes! I want my child whose name is listed below to participate in one or both of the screenings listed below. I understand the screening will be conducted by a Florida licensed and/or nationally certified therapist employed by SWFL Speech Therapy, Inc. Additionally, signing below indicates permission for therapists to communicate with teachers and staff from the below named school regarding my child.

Child's Name: _____ **DOB:** _____

School: ECS **Teacher/Grade:** _____

Child's Dominant Language:

Other Language(s) spoken in the home:

Home Address:

Phone: _____

Email: _____

Parent/Guardian (Print) _____

Parent/Guardian (Signature) _____

Yes! I would like my child to participate in:

- ☐ Speech, Language Screening Only (\$25.00)
- ☐ Motor Skills Screening Only (\$25.00)
- ☐ Both (\$40.00)

Enclosed is payment for the Screening:

Form of Payment (check one)

- ☐ Check - Please make check payable to "SWFL Speech Therapy, Inc."
- ☐ Cash

Parent/Teacher comments/concerns/questions are:

(Please use the back of this page if necessary.)