



THERAPY SERVICES

LIVE • SPEAK • LOVE

Parent Permission for Screening

Yes! I want my child 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:

Yes! I would like my child to participate in:

- Speech, Language Screening Only (\$30.00)
- Motor Skills Screening Only (\$30.00)
- Both (\$50.00)

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.)