



# SyllaBloom Speech Therapy

## Consent for Services

Please complete the form below to grant permission and authorize a screening, comprehensive speech-language evaluation, and/or treatment (as needed) for your child. A screening is a brief assessment used to determine whether further evaluation is needed. Speech-language evaluations consist of standardized testing, informal and formal observations, and clinical judgment.

You will be contacted regarding the results of the screening. A complete evaluation and/or subsequent treatment will only be administered after your therapist has discussed the results of the screening and any relevant fees or insurance considerations. If an evaluation is agreed upon, a state-licensed and certified speech-language pathologist will administer the evaluation (including standardized evaluation tests, language samples, caregiver interviews, etc.).

If speech-language therapy is warranted, your therapist will discuss the planned treatment course for your child, informed by the evaluation results as well as parent/caregiver input.

If you have any questions, your therapist will be happy to discuss with you during this process.

**By signing below, I authorize SyllaBloom Speech Therapy to screen, evaluate and/or provide the necessary speech and/or language therapy to my child.**

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

Child's Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_