



## Free Screening Request

Screening Date: \_\_\_\_\_ Time: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/ Guardian Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Child resides with: \_\_\_\_\_

Parent/ Guardian concerns:

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Your child's free screening will measure speech and language skills. Results of this screening will indicate whether or not your child performed specific skills at his/ her age level on this particular day. It will not result in a diagnosis. Please keep in mind that all children develop at different rates.

I understand that by signing this permission form my child will be screened for speech and language skills, but no future screenings or formal evaluation will occur without my written consent. I will accrue no charges from the screening and there will be no formal write-up of today's results.

Parent/ Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_