



Screening Permission Form

Client Name: _____ Date of Birth: _____
Parent / Guardian Name(s): _____
Language(s) Spoken in the home: _____

I understand that the screening will last approximately 15 minutes and involves age appropriate questions to determine abilities for answering questions, forming sentences, and articulation.

The screening will be conducted by LaToya Miller, M.S., CCC-SLP.

Following the screening, you will receive a summary of the person's results as well as recommendations regarding whether further evaluation is warranted.

Has the person being screened ever received therapy services? YES NO
If yes, please describe: _____

Please share any concerns about the person being screened:

You have permission to contact me regarding the outcomes using my contact information listed here: _____

Check here to give Sound Off Speech and Language Therapy permission to complete the screening and share the results with the person whose contact information appears above.

Printed Name: _____ Date: _____

Signature: _____