



SPEECH SUPERSTARS

3115 East Lion Lane, Suite 160, Salt Lake City, Utah 84121
www.speechsuperstars.com Email: jennifer@speechsuperstars.com

Consent for Speech and Language Screen

Child's Name _____ Date _____
DOB _____ Age _____
Mother's Name _____ Mother's Phone _____
Father's Name _____ Father's Phone _____
Mother's Email _____ Father's Email: _____

Has your child previously received speech/language services? _____

I _____ (parent), agree to allow Speech Superstars to
conduct a Speech and Language Screen for my child _____ on
this date _____.

Reason for Screen:

- Language
- Speech
- Voice
- Fluency (Stuttering)
- Other

Explain/Describe:

Your child has been recommended for a speech/language screen. Speech Superstars will obtain your consent to conduct the speech/language screen for your child. Results of the screen, recommendations, and the need for intervention (if applicable) will be shared with you after the screen is completed.

Please check one of the options below:

- Yes, I give consent for the screening.
- No, I do not give consent for the screening.

Parent Signature

Date