

## Consent for Speech and Language Screening

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ (the undersigned parent/legal guardian), hereby consent for my child to participate in a **free, brief, speech and language screening** to be administered by Talk of the Town Speech Therapy.

**Purpose:** The screening is a quick check designed to identify children who may be at risk for a communication delay or disorder.

**Nature of Screening:** The screening involves brief tasks, administered by a licensed speech language pathologist (SLP), that assess various areas of communication, including how clear your child's speech is (**Articulation**), how well they understand language (**Receptive Language**), and how well they express themselves (**Expressive Language**).

**Duration:** The screening will take approximately **15-20 minutes**.

### Important Disclosures (Please read carefully)

#### 1. Screening is NOT a Full Evaluation

- I understand that this screening is not a comprehensive, formal diagnostic evaluation.
- A "pass" on the screening does not guarantee that my child has no communication needs. A "fail" or "monitor" result does not mean my child has a communication disorder, only that further, more in-depth assessment is recommended.
- The results will be shared with me and will include a professional recommendation for next steps.

#### 2. Confidentiality

- I understand that the screening results are confidential between the SLP and me.
- The SLP will not share the results with the preschool or any other party without my explicit written consent, unless required by law.

#### 3. Release of Liability

In consideration of the free speech and language screening provided, I hereby agree to the following:

- I release, waive, discharge, and covenant not to sue Talk of the Town Speech Therapy and the preschool, including their agents, employees, and representatives, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, that may be sustained by my child, or to any property belonging to me, resulting from or arising out of the screening process.
- I understand that the professional advice and recommendations given after the screening are based solely on the brief screening results and are for informational and referral purposes only.

**By signing below, I confirm that I have read, understand, and agree to the terms outlined above, and I give consent for my child to participate in the speech and language screening.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date