



Ionia County Intermediate School District

Request for a Speech and Language Screening and Parent Notification and Consent

Student _____ Birthdate _____ Grade _____

District _____ Building _____ Teacher _____

Parents _____ Phone _____

Address _____

Person making request _____ Date _____

Check areas of concern: Receptive Language Expressive Language Fluency Voice Articulation

Explain Concerns _____

Additional Concerns _____

Speech Therapist completing screening: _____

Bottom portion completed by the parent(s): _____

A screening is a brief observation/interaction with the student to help determine the need for evaluation.

Trial intervention is a brief period of speech and/or language intervention to determine whether further action (e.g. more extensive intervention) is warranted.

Check the appropriate box below and return this form to your child's teacher.

- Yes, the Speech-Language Pathologist has my permission to conduct a screening of my child and if necessary, following the appropriate notification, conduct up to 9 weeks of trial intervention.
- Yes, the Speech-Language Pathologist has my permission to conduct only a screening of my child.
- No, I do not want my child screened at this time.

Parent Signature

Date

Date Sent to Parent: _____

Date Consent Received by SLP: _____