



Northern Beaches Children's Therapies

Speech, Language & Literacy Services

1/361 Sydney Rd, Balgowlah NSW 2093, Tel: 02 9948 1765 info@nbchildrenstherapies.com

Speech & Language Screening Consent Form:

Child's Name:		Date of Birth:	
Class Teacher:		Class:	
Mother's Name:		Phone:	
Father's Name:		Phone:	
Email:			
Address:			
Post Code:			
Do you have any specific areas of concern? (Articulation of speech / understanding / grammar / stutter / reading / spelling etc.)			
Background – Has your child had any difficulties with hearing/ middle ear infections/ frequent colds/ significant illness?			
Please comment on areas of strength and concern at school			
Signature:		Date:	

Please complete and return both pages of this form to your class teacher



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PERMISSION FOR SPEECH PATHOLOGY SERVICES AND CHARGES

I _____ (parent / guardian) of _____
(child's name) authorise a Speech Pathologist from Northern Beaches Children's Therapies to screen my child's speech and language skills.

PERMISSION FOR THE EXCHANGE OF INFORMATION

I also give permission for my Speech Pathologist to exchange verbal, written reports or other materials with my child's educational and health professionals involved with my child's care.

PAYMENT ARRANGEMENTS

I have been made aware of \$55 screening fee and I agree to cover the cost of this service.
Please charge the following credit / debit card:

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Card type (visa / mastercard / amex)

Expiration date: _____

Name on the card: _____

Signed: _____

Date: _____