

Speech and Language Screening Consent Form

Dear Parents and Guardians:

Sarah Seddighzadeh, M.S., CCC-SLP a licensed and certified speech-language pathologist will be conducting screenings of children ages **three to six years** at Colonial Hills United Methodist School the week of October 7th 2024. Sarah Seddighzadeh has 11 years of experience working with children who have developmental and intellectual delays.

The cost of each screening will be \$35 per child. If you would like your child to be screened, **please complete the form below and return by Monday September 30th 2024** and you will receive an invoice through the Procure App.

By signing the release form below, you are giving permission for your child to be screened by Sarah Seddighzadeh. If your child does not pass the screening you may (1) contact Sarah Seddighzadeh for a full evaluation, (2) seek another speech-language pathologist of your choice, or (3) you may contact your local public school to see if your child qualifies for free services through your school district (children aged 3 years and older may be eligible for services within the public school system pending additional evaluation results conducted by school district staff). Sarah Seddighzadeh would be happy to discuss your options. Email questions or concerns to new.era.speech@gmail.com.

Findings and recommendations will be reported to you via email within seven days or sooner.

Respectfully,
Cynthia Hamblin
Director, Colonial Hills Methodist School

Child's Name: _____ Date of Birth: _____

Parent Email _____

Parent concerns: _____

Hearing has been screened? (circle one) yes no

Hearing screening was passed? (circle one) yes no

_____(Initial) I give my permission for my child to have a speech-language screening the week of October 7, 2024 by Sarah Seddighzadeh, M.S., CCC-SLP.

_____(Initial) I understand that a screening is NOT a speech and language evaluation and the screening results indicate whether my child has passed and does not need additional evaluation or whether a speech and language evaluation is recommended to determine if my child has a delay or impairment.

Parent/Guardian printed name

Parent /Guardian Signature

