



CORRECTIVE SPEECH AND LANGUAGE THERAPY

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Informed Notice of Consent for Therapy Screening, Evaluation, or Follow up

Child's name _____

Child's date of birth _____

Initial Screenings: Beyond Therapy may conduct screenings of your child's current development to determine if further, more comprehensive evaluations are needed. This brief procedure may involve some or all of the following areas to determine if a delay is present: Communication, hearing, gross and fine motor development, adaptive skills, sensory integration skills, oral motor skills, cognition, social/emotional abilities, behavior, and others. A screening will **NOT** be given to your child without a signed consent form.

Initial Comprehensive Assessments: A comprehensive assessment is a more intensive and detailed evaluation of your child's specific areas of concern. Specific tests will be carefully selected by the therapist based on your child's age, developmental level and needs. You will be asked to participate in the assessment by providing specific background and medical information about your child as well as current developmental abilities. The valuation may be conducted to assess areas in communication, hearing, gross and fine motor development, adaptive skills, sensory integration skills, oral motor skills, cognition, social/emotional abilities, behavior, and others. An evaluation will **NOT** be given to your child without a signed consent form.

Follow up screening, evaluation or review: It may be necessary for your child to receive a follow up screening assessment or review in order to determine if services need to continue or if any adjustments to the current plan of care need to be made. The follow up screening, evaluation and review will **NOT** be given to your child unless you sign the consent form.

The following procedure is recommended for your child:

- Screening
- Initial evaluation
- Follow up evaluation, Screening and/or review

I understand that my child may be audiotape recorded while participating in the assessment procedures. I am aware that my child may be given formal, as well as informal tests for the specified domain and that the results of all such tests will be made available to me upon request. If you agree to have your child participate in these screenings, evaluations, and follow up reviews please check the appropriate box and sign below and return applicable forms to us at Beyond Therapy PRIOR to testing and review. Thank you for your cooperation and participation.

I give my permission for my child to participate in the recommended screenings, assessments, and/or follow up reviews as outlined by Beyond Therapy.

I do not give my permission for my child to participate in the recommended screenings, assessments, and/or follow up reviews as outlined by Beyond Therapy.

Parent/Guardian Signature

Date

Print Name