



Saint Kilian Parish School

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Speech Therapy Screening Permission Form

**To the Parents of Children in Kindergarten and any new student in
Grades 1-7**

Your permission is needed to determine if your child qualifies for speech and/or language services. Please complete the following checklist, sign and return to school by the first day of school. Thank you.

_____ **Yes**, I want my child to be EVALUATED for speech and language services.

_____ **No**, I do not want my child to be evaluated for speech and language services.

_____ **Yes**, I want my child ENROLLED in speech therapy, if needed.

_____ **No**, I do not want my child to be enrolled in speech therapy.

_____ **Has your child been recently enrolled in speech/language therapy?**

Child's Name: _____

Child's Grade: _____

Child's Birthdate: _____

Parent Signature: _____

Date: _____

Daytime Phone Number: _____