

Kindergarten Speech and Language Screening Permission Form

I hereby grant the Fabyan Elementary School speech-language pathologist permission to screen my child using an informal screening tool. Parents will be contacted if further screening/evaluation is needed.

Date: _____

Child's Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____

Has your child ever attended or participated in:

Speech and Language Services? ____ Yes ____ No

If yes, who was the provider and what were the dates of attendance?

Service provider: _____

Start: _____ End: _____

Please contact Katie Fairfield, Speech-Language Pathologist, if you have any questions or concerns at (630) 444-8668 or kfairfield@geneva304.org.