

Creating Communicators
CONSENT FOR SERVICES

Child's Name: _____ Sex: ____ Birthdate (D/M/Y): _____

Address: _____ Phone: _____

School: _____ Grade/teacher: _____

Creating Communicators and affiliates will provide a screening, treatment for speech language and/or occupational therapy intervention in a group or one on one setting. Participation in an assessment, consultation and/or as deemed necessary. A registered speech and language pathologist/occupational therapist will perform any such assessment, consultation and supervision. This consent is valid from date signed until either the services are no longer required or the parent/guardian withdraws consent. The parent/guardian may withdraw consent at any time.

- Speech and Language Therapy
- Occupational Therapy

I also authorize:

- The release of all pertinent information to Creating Communicators and affiliates (i.e., medical information, speech language information, occupational therapy information, psychological testing, or information from other professionals) to assist in the implementation of an appropriate evaluation and treatment program.
- The release of information obtained during speech and language assessment, treatment and intervention to the referral source.
- The use of digital recording (for the use of Creating Communicators' only) during testing and/or intervention, as it may be necessary for progress and comparison purposes to determine results of the treatment program.

Signature (Parent/Guardian)

Relationship

Witness Signature

Witness Name (Please Print)

Date effective

If you have any questions regarding our assessment or treatment process please call Mindy Olson-Pizzey at 780 805-6645.
mindy@creatingcommunicators.net

