



NATURALLY
SPEAKING
SPEECH & LANGUAGE THERAPY SERVICES

SPEECH AND LANGUAGE SCREENING CONSENT FORM

DATE OF SCREENING: WEEK OF _____

PRESCHOOL/SCHOOL NAME: _____

THERAPIST NAME: MEKA B. HARRIS M.A. CCC-SLP/SPEECH-LANGUAGE PATHOLOGIST

*****Return this form to your child's teacher if you wish for your child to participate in the FREE SPEECH AND LANGUAGE SCREENING. If you do not wish to participate, you do not need to return this form*****

_____ YES, I give permission for my child to participate in a FREE Speech and Language Screening provided by Meka Harris of Naturally Speaking, Inc.

PARENT/GUARDIAN: PLEASE COMPLETE ALL SPACES:

Child's name (participant): _____

DOB: _____ AGE: _____ TEACHER: _____ GRADE: _____

PARENT NAME: _____

PARENT EMAIL: _____

PARENT PHONE: _____

FOR OFFICE USE ONLY:

_____ **PASS (NO FORMAL EVALUATION NEEDED)**

_____ MONITOR AREAS : ARTICULATION _____ VOICE _____ FLUENCY _____ LANGUAGE _____

_____ **FAIL (FURTHER EVALUATION NEEDED):**

_____ ARTICULATION _____ VOICE _____ FLUENCY _____ LANGUAGE _____

NOTES: _____

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meka@naturallyspeakinginc.org

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