



Kristen Bond M.S. CCC-SLP  
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## CONSENT FOR EVALUATION/THERAPY

I give permission for Speech in Progress, LLC to provide Speech/Language services to my child.

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/caregiver printed name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/caregiver signature: \_\_\_\_\_

Date: \_\_\_\_\_