



Cary Speech Services  
Speech-Language  
Pathologist  
*Ann Marie G. Heffron M.AGGG/SLP*

I hereby give permission for my child(ren), \_\_\_\_\_ to participate  
in a FREE speech and language screening on \_\_\_\_\_. I understand  
that the results of this screening will be shared with me via letter and/or telephone.

I give permission for the results of this screening to be shared with my child's teachers:  
\_\_\_\_\_.

I withhold permission for results of this screening to be shared with my child's teachers:  
\_\_\_\_\_.

Comments/concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of parent/legal guardian: \_\_\_\_\_  
\_\_\_\_\_

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