



Therapy Station

Dear Parent/Guardian:

We will be conducting Speech/Language screenings at your child's school on _____. Please fill in the following information and check one of the statements to let us know if you would like your child to participate in this **free** screening.

Child's Name: _____ Child's D.O.B.: _____

____ No, I would not like a free speech/language screening to be completed on my child.

____ Yes, I would like a free speech/language screening to be completed on my child.

If yes Please complete the following information

Parent's Name: _____

Address: _____

Phone number: _____ Cell _____ Work _____

Your concern about child:

Consent: I hereby authorize Therapy Station to do speech / language screening for _____ (Child's Name).

Parent / Guardian Name: _____ **Relationship:** _____

Signature: _____ **Date:** _____

Once your child has been screened, you will be made aware of the results and if there is a need for further evaluation. If you have any questions/concerns, please do not hesitate to contact us at: (813) 855-9791.

Sincerely,

Therapy Station

12760 Westwood Lakes Blvd. Tampa, Fl 33626. PH: (813) 855-9791 Fax: (813) 814-4520

❖ Physical Therapy

❖ Occupational Therapy

❖ Speech Therapy