

Intervention Services Consent
School _____

My child, _____ is eligible to work with _____, Speech/Language Pathologist ____ time(s) per _____.

The focus will be on the following:

_____.

I understand that:

1. My child will not have an Individualized Education Plan(IEP) and this is not special education.
2. Progress will be shared with me at report card time throughout the school year.
3. These services will be provided through the remainder of the current school year. If it is determined that my child will no longer benefit from them, I will be contacted.
4. At the start of the next school year, I will be contacted for consent to re-screen my child to determine if intervention services are still appropriate.

Please check one of the following, sign below and return in the envelope provided:

____ I give consent ____ No thanks, I don't consent to these services

Signed: _____ Date: _____

Sincerely,

Speech/Language Pathologist
Email: _____
Phone: _____