



# Communication Matters, LLC

Speech and Language Therapy  
Across a Lifespan

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## Permission to Evaluate and Provide Therapy

Please fill in the blanks on this form to grant permission for Communication Matters, LLC to complete a speech-language evaluation and provide treatment as needed.

I, \_\_\_\_\_, authorize Communication Matters, LLC to  
(Parent/legal guardian)

evaluate and provide the recommended speech and language treatment/therapy to

\_\_\_\_\_. Therapy/treatment is contingent upon  
(patient's name)

the results of the evaluation and the impending recommendation of the responsible  
speech-language pathologist.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print name of parent/guardian

\_\_\_\_\_  
Date

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