



Communication Matters, LLC

Speech and Language Therapy
Across a Lifespan

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) PRINT PLEASE

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

_____. Therapy/treatment is contingent upon

(child's name)

the results of the evaluation and the impending recommendation of the responsible

speech-language pathologist.

Parent/Guardian Signature

Parent/Guardian contact phone number

Date

Child's date of birth

Communication Matters, LLC

904-342-5984

Email: communication.matters.fl@gmail.com

www.communicationmattersfl.com

www.facebook.com/CommunicationMattersFL