**WOODLAND PARK/CRIPPLE CREEK SPEECH SCREENING / Parent Notification and Consent**

*\*\*****\*PLEASE*** *fill out top of form completely prior to sharing with SLP*

**Student Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_**

**Parents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher/Person making request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Screening Request**:

\_\_\_Articulation \*See **Developmental Norms (**on back) for what ages sounds should be developed. \_\_\_Fluency [stuttering]

\_\_\_Grammar [\*only if younger, and a few grammar structures out, e.g., pronouns; otherwise, part of *language* process].

* **Language** issues, e.g., vocabulary, syntax/grammar, comprehension, following directions, written expression, etc. need to be assessed ***comprehensively***, so if there are language concerns, the process starts with the district/building procedures for RTI Teams and the intervention process. If student moves to evaluation once RTI has been completed, the SLP would then be involved in the testing.

**Explain concerns (Please note how this is having an educational impact with specific examples to support request):**

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*Special Considerations*:

\*IF an English Language Learner [ELL], then he/she needs *considerable* exposure to English and curriculum prior to referral.

\*Preschool students need exposure and time with new school curriculum prior to referral [exception: student is unintelligible, or unable to be understood much of the time.]

**BOTTOM PORTION COMPLETED BY PARENT(S):**

\_\_\_\_\_\_I **do** give consent to conduct the screening, and I will be notifiedof screening results.If areas of concern are observed**, I give permission for informal RTI [Response to Intervention] sessions** to determine if progress can be made through this informal process. If formal testing is needed, I will be notified and written permission will then be requested.

\_\_\_\_\_ I **do not** give consent to conduct screening at this time.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature Date**

**If you have questions, please contact:**

**Your school Speech-Language Pathologist**

*FOR SLP to complete: Date consent received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*