



## Speech/Language Screening

Student:		Grade:	
Class/Teacher Name:		Date:	

Summarize your major concerns regarding this student's Speech/Language in the school setting.

- No concerns: If no concerns, do not complete rest of page.
- Student currently receives speech/language services.
- Concerns: (Circle one or both)    Articulation            Language

Please explain your concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We are requesting permission to conduct a Speech/language screening to decide if interventions need to be determined and implemented in the general classroom.

Please contact \_\_\_\_\_ if you have questions or concerns

- Yes, I give permission for my child to receive a speech/language screening
- No, I do not give permission for my child to receive a speech/language screening

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