



Asheville Community Therapy Center  
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# SPEECH/LANGUAGE EVALUATION AND THERAPY CONSENT

- **DESCRIPTION:** A comprehensive evaluation using one or more formal assessments to measure your child's communication skills across one or more areas (e.g., expressive language, articulation, and/or pragmatics), and therapy as appropriate to address areas of documented need
- **DURATION:** 1 to 2 hours evaluation session; 30-45 minute therapy sessions
- **MEASURES:** Informal (professional observation, parent/teacher consultation, checklists) and/or formal assessment tools (standardized tests, criterion-referenced tests). Therapeutic interventions as outlined in plan of care
- **OUTCOME:** A comprehensive evaluation report delivered electronically, with a detailed description of child's developmental background, health history, observations, assessment results, and clinical recommendations. Therapy sessions with adult parents/legal guardians/caregivers in session for direct observation, education/training, and provision of homework and/or carryover materials.

## **CONSENT FOR EVALUATION AND THERAPY:**

I hereby consent for the speech-language pathologist(s) to evaluate my child as indicated above.

\_\_\_\_\_  
FULL NAME OF CHILD

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
TODAY'S DATE