



Asheville Community Therapy Center
959 Merrimon Avenue Suite 101
Asheville NC 28804
Phone (828) 417-7085
Fax (828) 417-7059

FEEDING/SWALLOWING EVALUATION AND THERAPY CONSENT

- **DESCRIPTION:** A comprehensive evaluation to assess your child's feeding and swallowing skills 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

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