

**PARENT CONSENT FOR
SPEECH, LANGUAGE, OCCUPATIONAL
and PHYSICAL THERAPY SERVICES**

As part of the services offered by your child's school, all children's speech and language skills will be screened. In addition, the occupational therapist and when necessary, the physical therapist may also screen the students.

Please fill out these three pages.

Child's name: _____ Circle one: Boy/Girl

Date of Birth: _____ Home Phone Number: _____

Parents' Names: Mother: _____ Cell Phone: _____

Father: _____ Cell Phone: _____

Address (including postal code) _____

Email Address (if you have one) _____

I give permission for my child to receive services from the speech language pathologist, occupational therapist and/or physical therapist contracted by the school. This will include being screened by the speech language pathologist, occupational therapist and/or physical therapist and receiving follow up assessments and treatment, if necessary. I give my permission for the speech language pathologist, occupational therapist and/or physical therapist to request reports and information from my child's previous school, if needed/applicable. In addition, the speech language pathologist, occupational therapist and/or physical therapist may access information from my child's current school records and obtain information from other professional agencies, when required.

Signature of Parent or Guardian

Date

GETTING TO KNOW YOUR CHILD...

Your Child's Name: _____ Birthdate: _____
First Last Month Day Year

How long has your child lived in Canada? _____

What is the main language spoken at home: _____

What other language(s) is spoken at home: _____

Has your child been exposed to English through brothers/sisters, TV, family, friends & activities? Yes _____ No _____

Do you read to your child in English _____ Another Language _____ Both Languages _____
 Does your child watch TV in English _____ Another Language _____ Both Languages _____

Did your child attend preschool? Yes _____ No _____ In preschool right now _____

Name of preschool? _____ How many years? 1 _____ 2 _____

List your other children. (Use the back of the page if you need more space.)
 If they are babies or preschoolers, leave the space for School and Grade empty.

Name _____	School _____	Grade _____
Name _____	School _____	Grade _____
Name _____	School _____	Grade _____

Does your child have any of the following concerns? Please check the ones that describe your child...

- ear infections
- hearing problems
- problems with their teeth
- sucking thumb or fingers
- eating difficulties
- asthma
- difficulty at meals (e.g. chewing, noisy eater, picky eater)
- trouble sleeping
- weak muscle strength
- tires easily
- trouble with eyes (squinting, rubbing eyes, putting puzzles together is difficulty)
- difficulty climbing/coming down stairs - may require help
- seems to trip often
- avoids playing that involves their hands (e.g. doing crafts, coloring with crayons, building toys, playing in the sand)

Please give us more information on the ones you checked off...

Has your child seen any specialists such as doctors, psychologists, audiologist, speech pathologist, occupational therapist? Circle the ones that apply and give us more information...

At what age did your child...

Say their first words? _____ (in their first language)

Put 2 - 3 words together? _____ (such as 'more juice', 'mommy go')

Usually my child likes to play (Check the ones that apply) by himself/herself _____
with his brothers & sisters _____ with neighborhood children & friends _____

When your child plays with family & friends, are they speaking...

English _____ Another Language _____ or Both Languages _____

When alone, my child likes to play with _____

When I am with my child, we usually _____

Does your child have any special interests?

Does your child take part in any out-of-school programs such as soccer or swimming? If so, which ones?

What are your expectations for your child in the program?

Please add any additional information you wish to share about your child...

Parent's Signature

Date

THANK YOU!

**We are looking forward to having a great year
with your child!**