



CreativeTherapyWorks,LLC

...creating therapy that **WILL** work for YOU!

www.creativetherapyworks.com

SCREENING PERMISSION FORM

Creative Therapy Works LLC is joining with your child’s preschool to provide **FREE** Speech and Language screenings (a value of \$25.00). This screening will provide vital information for identifying if your child is developing normally in the following areas:

- a. Articulation (speech sound production)
- b. Language
- c. Fluency (stuttering)
- d. Voice

Language and Speech, if impaired or delayed, can negatively impact learning/ reading development. If you are interested in having your child’s speech and language skills screened please complete the information below. A letter outlining the results of our screening will be sent home with your child sealed in an envelope.

If you have any questions or concerns, please contact our office at (866) 611-7855

To be completed by Parent or Guardian

Child’s Name: _____ Date of Birth: _____

Parent’s/Guardian’s Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Child’s Doctor/Pediatrician: _____ Insurance Provider: _____

I hereby give consent to have my child screened by Creative Therapy Works, LLC. Unless indicated below, I further authorize Creative Therapy Works LLC to discuss the results with my child’s teacher.

(Parent’s/ Guardian’s Signature) *(Date)*

I **do not** authorize Creative Therapy Works LLC personnel to discuss the results with my child’s teacher.

Please indicate any areas of special interest or concern: _____
