



Practical Speech Solutions, PLC

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Consent for Evaluation

Client name: _____

Date of Birth: _____

Age: _____

Grade: _____

School: _____

Parents/Guardian: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

I, _____ hereby give consent for my child, _____ to participate in a full speech language evaluation administered by Practical Speech Solutions, PLC or Diedre A. Dennis MA CCC/SLP. This assessment may include, but is not limited to formal assessment instruments, informal assessment measures, checklists, parent questionnaires, developmental history reporting, parent/child input, and observations.

I acknowledge that the assessment information will be reviewed with me following completion of the evaluation in an oral format. I may request a written report/summary at anytime, allowing four weeks for completion at a monetary rate determined by Practical Speech Solutions, PLC.

Parent/Guardian Signature

Date