



Screening Consent Form

Saskatoon Child Care Speech and Language Services

I understand that a Speech-Language Pathologist from the Saskatchewan Health Authority provides consultative services to my child's child care program. I agree that my child's communication skills and development may be discussed between the Speech-Language Pathologist and the child care centre staff for the purposes of supporting my child's learning and development. I understand that an additional signed consent and referral form are required prior to further direct services (assessments and/or treatment).

Child's name: _____

Personal Health Number: _____

Child's DOB (D/M/Y): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Witness: _____

Date: _____

Child Care Centre: _____