



Speech-Language Pathology Services
Parent/Guardian Consent

Student's Name: _____ Date of Birth (m/d/y): _____

School: _____ Grade: _____ School Year: _____

**Please note consent for services is valid for the current school calendar year only.*

Speech-Language Pathologists (SLPs) help students with speech, language, and communication. They can work with students one-on-one, in small groups, or in classrooms. SLPs are registered with the Nova Scotia Regulator of Audiology and Speech-Language Pathology (NSRASLP).

This referral is part of the ongoing efforts of the Student Planning Team to identify and meet your child's needs at school. It is important for you to understand that participation in the above supports is voluntary. You and/or your child have the right to decline or discontinue this process at any time. You will be provided with a copy of any report(s) that are produced from an assessment, if conducted.

Service(s) Recommended by Student Planning Team:

(To provided informed consent please read the service descriptions on the following page).

- Screening Assessment Speech-Language Therapy Hearing Screening

Parent(s)/Legal Guardian(s) please complete:

I/We the undersigned, hereby affirm that I am/we are the parent(s)/legal guardian(s) of _____ (student's name) and have the authority to make decisions on their behalf.

**Please note: If there is a shared custody arrangement, both parents will be required to sign this consent form for the service to take place.*

I/We give full and informed consent to _____ (student) receiving the above indicated service(s), and that the team referral, parent/guardian consent, and assessment report (if completed) will be uploaded in the student's permanent electronic confidential file (TIENET). I understand that this information will be discussed at the Student Planning Team meetings and may be used to program for my child and that I may withdraw consent from this service at any time.

Parent/Legal Guardian Name - Print: _____ Signature: _____ Date: _____

Parent/Legal Guardian Name - Print: _____ Signature: _____ Date: _____

Parent/Legal Guardian email: _____ Phone number: _____

OR

I/We **do not** consent to _____ (student) receiving the above indicated service(s).

Parent/Legal Guardian Name - Print: _____ Signature: _____ Date: _____

Parent/Legal Guardian Name - Print: _____ Signature: _____ Date: _____

Parent/Legal Guardian email: _____ Phone number: _____

Speech-Language Pathology Services – Description of Services

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

What is involved in Screening?

A screening is a short assessment to see if your child might have speech or language delays. If the screening shows any concerns, a full assessment by the SLP might be needed. The screening will check speech sounds, understanding of language, speaking skills, fluency, and voice (see descriptions above).

What is involved in an Assessment?

- An assessment helps find out how well your child can communicate. The child will do simple tasks to test their speech and language skills. At the end of the assessment your child may receive a diagnosis of a speech-language delay or disorder based on the results of the assessment.
- The SLP will collect relevant information about your child's development by:
 - Reviewing student files and/or other reports
 - Talking to teachers and/or other professionals
 - Talking to parents/guardians
- The tasks of the assessment may vary by age and include:
 - **Articulation (Speech Sounds):** Your child may repeat or say certain words or sounds to check if they have trouble pronouncing them (e.g., difficulty with “s” or “r” sounds). The SLP may need to look in the child's mouth to assess jaws, lips, teeth, and tongue.
 - **Receptive Language:** Tasks that test your child's understanding of instructions and stories.
 - **Expressive Language:** Your child may tell a story, answer questions, or describe pictures to see how well they use language to express ideas and needs.
 - **Fluency:** The clinician will check for stuttering or other speech problems if needed.
 - **Voice:** The clinician may listen for voice problems like hoarseness or difficulty with pitch or volume.

What is involved in Speech-Language Therapy?

Speech-language therapy can include direct and indirect services:

- Direct Services: One-on-one work between your child and the SLP.
- Indirect Services: These might include observing your child, talking with teachers, and coaching school staff. Therapy goals and techniques are chosen based on what your child needs. Fun activities and games are used to make sessions enjoyable and help with learning.

What is involved in a hearing screening?

- A hearing screening checks if your child's hearing is normal and determines if further testing from an audiologist is needed.
- Your child will listen through over-the-ear headphones while the SLP plays sounds at different pitches and volumes.

Use of audio recordings in assessment and treatment

- SLPs use recordings to listen to a child's speech and language more closely and may be part of assessment and/or treatment.
- Audio recordings will be captured on an approved secure device.
- Audio recordings will be used, stored, and destroyed as per South Shore Regional Centre Education policy.

What are the risks of Speech-Language Services?

- Missing class time.
- Some tests may be tiring or difficult.
- Hearing screening results may not always be accurate and a full assessment with the audiologist may still be required.

What could happen if you refuse Speech-Language Services?

- Your child's communication skills may not improve.
- Your child's academic progress may be impacted.

What are the benefits of Speech-Language Services?

- Improved communication skills; clearer speech; listening in the classroom; and expressing thoughts and ideas.
- Recommendations based on assessment and treatment to support the student's development.
- Identification of hearing problems
- Referral to other services or resources as needed.

If you have any questions or concerns, please contact your Speech-Language Pathologist:

Speech-Language Pathologist: _____ **Email:** _____ **Phone:** _____