



Richland Parish Schools Speech Therapy Services

Date: _____

Dear Parent,

I would like to have your permission to have our school's speech therapist screen _____. I am making this request because I am concerned that your child is experiencing some difficulty in the classroom with:

- Speech (articulation)
- Language Processing
- Fluency (stuttering)

You will be notified of the results of this screening. Please sign and return the form if you give permission for this screening. If you have any questions, please contact me.

Thank you,

Classroom teacher

- Yes, I give my permission for the screening.
- No, do not screen my child.

Signed: _____
Parent or legal guardian

<i>For office use only:</i> <i>Date received</i> _____
