

SpeechKids, LLC  
Pediatric Speech Language Pathologists  
(202) 306-0505

Licensed in Maryland, Virginia & DC

Private Practice & Consultation

Parental Consent Form

I, \_\_\_\_\_ give my permission to SpeechKids, LLC,  
(Print Name)  
subcontractors and associates to observe my son/daughter, \_\_\_\_\_  
(Print Child's Name)  
at \_\_\_\_\_ school. I understand that during this observation,  
(Print School Name)  
SpeechKids, LLC and its subcontractors and associates may be speaking with the teacher  
and other professionals at the school about my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date