



Permission to Assess

Name of client/child: _____

Birth Date: _____ Age: _____

Address: _____ ZipCode _____

Phone Numbers: _____

Parent/Guardian _____

I give permission to Bird and Kern, speech pathologists to conduct a speech and language assessment for my child _____-. I understand that I will subsequently be informed of the assessment results and recommendations.

Adult client/parent/guardian signature

date