



Beverley Jessup

Specialist Speech & Language Therapist & Training Consultant
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CONSENT FORM FOR SPEECH & LANGUAGE THERAPY

CLIENT / CHILD'S NAME _____ D.O.B. ____ / ____ / ____

PARENT/GUARDIAN'S NAME _____

TO BE COMPLETED BY SPEECH & LANGUAGE THERAPIST

PROPOSED TREATMENT PLAN

- _____
- _____
- _____

I confirm that I have explained the nature of the speech, language and/or literacy intervention required, which in my judgement are suited to the individual needs of the above client/child.

Signature _____ (Beverley Jessup) Date _____

TO BE COMPLETED BY CLIENT / PARENT / GUARDIAN

Please check that all the above information is correct. If it is and you wish to proceed with the proposed treatment plan, then kindly sign and return the form.

I am the client / parent/ guardian (delete as appropriate)

I agree that the proposed treatment plan has been explained to me by the S< named on this form and is necessary and desirable.

I understand the length of time and commitment required for the treatment to be effective, which may include me / my child undertaking home work / practise.

I agree to allow students to observe me /my child, during my/my child's treatment.

I _____ hereby give consent for myself/my child to undergo Speech, Language or Literacy treatment. I understand the costs involved (details of which will be provided separately). I have read and understand the terms of the cancellation policy.

Signature _____ Date ____ / ____ / ____