Private & Confidential

Dear Parent,

RE: Speech & Language Therapy

North Essex Speech Therapy has been invited to support some children with their speech, language and communication skills.

In order for us to fully support your child, we will need to carry out assessments which will help us to identify any areas that require support and on-going intervention. In order for us to do this, we kindly ask that you complete and return the below consent form.

It would be appreciated if you could complete a short case history to understand any concerns that you may have about your child's speech, language and communication. A copy has been enclosed for you to complete and return along with the consent form.

Please do not hesitate to contact me on the number or e-mail below if you would like further information and you are welcome to attend the assessment.

Yours sincerely,

Joanne Baxter
Speech and Language Therapist

Speech & Language Therapy consent form

I give/do not give permission for North Essex Speech Therapy to assess my child's (INSERT NAME).....
speech, language and communication skills. I wish/do not wish to attend the assessment session.

Date.....
Signed.....
Print name.....

PLEASE RETURN TO SCHOOL TO CONFIRM YOUR CHILD'S PLACE

NORTH ESSEX SPEECH THERAPY

Case History

Personal Details	
Name	
Date of birth	Age
Address	
Telephone	

Developmental History Please complete the sections below, noting your child's ages (approximate) for the following:		
Milestones	Sitting	
	Walking	
	First word	
	Feeding	
	Sleeping	
	Toilet training	

Medical History Please note below any specific diagnoses or information about your child's medical past that may be relevant	
Medical diagnosis	
Hearing/ENT	
Illness/accidents	
Hospital admissions	
Is there anyone else involved in your child's medical care?	
Paediatrician	
ENT	
Health visitor	

Speech, Language and Communication	
Understanding Do you feel that your child understands what is being said to him/her?	
Expressive Language Do you feel that your child shows any difficulties in expressing themselves?	
Speech Does his/her speech sound unclear?	
Is your child stammering?	
Is there a family history of speech, language or communication difficulties?	

Interests	
Does your child have particular likes/dislikes?	

Additional comments
By completing this form, and returning the consent form, you permit North Essex Speech Therapy to assess and provide advice and support for your child. With your signed consent below, you allow us to discuss your child's speech & language needs with school staff or other professionals who may be involved in your child's care. Name of child…….. Name of parent……... Date……

Please feel free to contact Jo Baxter on 07816 497852 should you wish to discuss these questions further.