

CONSENT FORM:

I, _____, am signing this consent form in representation of my child, _____. By signing this form, I am allowing my child's teacher/doctor/clinician [circle one],(_____) and speech therapist/occupational therapist [circle one] (_____) to meet and discuss my child's progress in their sessions. They will meet and discuss in order to help relay important information to one another and discuss ways in which my child can progress in the most effective way.

Date: _____

Signature: _____