



Speech-Language,
Sensory-Motor &
Autism Treatment
6625 Daly Road
West Bloomfield, MI 48322
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PARENT PERMISSION FOR SLP CONSULTATION

By signing this form, I authorize my child's speech-language pathologist to consult on their treatment with Nancy R. Kaufman, MA, CCC-SLP. This includes sharing my child's developmental background, current treatment and goals, and video clips.

I understand that any exchange will be handled with strict confidentiality.

Child's name: _____

SLP's name: _____

Parent/guardian's name: _____

Parent/guardian's signature: _____

Date of signature: _____

