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# Form 4: Consent to Evaluate and Treat — Speech-Language Therapy

*If your child receives both occupational therapy and speech therapy at Aspire, please complete and sign both Form 3 and Form 4.*

Child's name _____ Date of birth _____

I give permission for Aspire Therapies, LLC's licensed speech-language pathologists (SLP) to evaluate and treat my child.

I understand that:

1. **The evaluation** may include standardized testing, a speech and language sample, a feeding observation, an oral-motor screening, observation during play, and questions for me about my child's communication at home.
2. **Treatment** is based on a plan of care with goals my therapist and I set together. It may include speech sounds and articulation, expressive and receptive language, early communication, social communication, fluency, and strategies to use at home.
3. **An oral-motor examination** may involve looking at my child's mouth, lips, and tongue, sometimes using a gloved hand or tongue depressor.
4. **A hearing screening** or referral to an audiologist may be recommended if hearing could affect my child's speech or language.
5. **Services are provided** at Aspire's Bartlett clinic or at my child's daycare. Aspire does not provide home visits.
6. **Results are not guaranteed.** Progress depends on many factors, including attendance and practice at home. **PLAY WITH YOUR CHILD!**
7. **My child's plan of care** may be shared with my child's referring provider and insurance company as required for treatment and payment.
8. **I may ask questions,** refuse any activity, or withdraw this consent at any time by telling my therapist or Aspire in writing.

This consent stays in effect for the length of my child's care at Aspire unless I withdraw it in writing.

**Parent/guardian signature** _____

**Printed name** _____ **Relationship** _____

**Date** _____