



11230 Waples Mill Road, Suite 100  
Fairfax, VA 22030  
Phone (703) 591-1146  
Fax (703) 591-1148

---

## Speech and Language Screening/Evaluation Permission Form

Student's Name: \_\_\_\_\_

- A. I hereby give permission for the Speech Pathologist to administer a General Speech and Language Screening to my son/daughter.

Yes, PHILLIPS School~Fairfax **HAS** my permission to administer screening.  
 No, PHILLIPS School~Fairfax **DOES NOT HAVE** my permission to administer screening.

- B. If this finding is significant, I hereby give permission for a full Speech and Language Evaluation.

Yes, PHILLIPS School~Fairfax **HAS** my permission to administer evaluation.  
 No, PHILLIPS School~Fairfax **DOES NOT HAVE** my permission to administer evaluation.

I understand that I will be provided with the results of the screening.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date