



**Jefferson Speech
& Language Center**

Since 1972
Specializing in Thinking,
Speaking, Reading and Writing

433 Metairie Road
Suite 300
Metairie, LA 70005
(504) 835-5550
Fax (504) 835-5510

CONSENT FORM

Please Read Carefully, initial, and sign.

When your child's evaluation is complete, you will receive an electronic draft for your approval before it is sent to anyone listed below.

Please initial here _____

Once approved, we will distribute to whomever is listed below. **IF YOU CHOOSE NOT TO SIGN BELOW, WE WILL SEND YOU A COMPLETED EVALUATION FOR YOUR RECORDS. WE WILL NOT DISTRIBUTE AN EVALUATION WITHOUT WRITTEN CONSENT.**

Please initial here _____

I give permission to Jefferson Speech and Language Center to give/ send out information on my child to:

○ **Name** _____
Address _____

○ **Name** _____
Address _____

○ **Name** _____
Address _____

Signature _____

Date _____

Denise Nagim, M.C.D., C.C.C.
Executive Director

Speech-Language Pathologists
Learning Specialists