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SPEECH SCREENING & EVALUATION CONSENT FORM

A screening or evaluation will be recommended prior to receiving speech-language services if your child's communication skills have not been evaluated in the last 1 year or in the last 3 years with current goals to be targeted. Documentation supporting the previous evaluation(s) will be requested.

SCREENING

- DESCRIPTION: Typically one or two short measures of your child's communication skills.
- DURATION: 5-15 minutes.
- MEASURES: Informal and/or formal screening tools, such as professional observation, parent consultation, checklists, and standardized screeners.
- OUTCOME: A screening outcome sheet with indication of *recommendation for full evaluation, monitoring of child's development, referral to other professionals, and/or functioning within normal limits*.
- COST: Speech screenings are free of charge.

_____ I would like my child to be **screened** in areas related to the following concerns:

FULL EVALUATION

- DESCRIPTION: A comprehensive evaluation using one or more formal assessments to measure your child's communication skills across one or more areas (e.g., expressive language, articulation, fluency, and/or pragmatics).
- DURATION: 45 minutes- 1 hour
- MEASURES: Informal (professional observation, parent consultation, checklists) and/or formal assessment tools (standardized tests, criterion-referenced tests).
- OUTCOME: A comprehensive evaluation report, with a detailed description of the child's developmental background, health history, observations, assessment results, and clinical recommendations.
- COST: It is your responsibility to understand your benefit plan. It is your responsibility to know if an authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered. Not all services provided by our office are covered by every plan. Any services determined to not be covered by your plan will be your responsibility.

_____ I would like my child to be **evaluated** in areas related to the following concerns:

_____ I would like my child to be **screened and evaluated at a later date** if recommended.

CONSENT FOR SCREENING/EVALUATION:

We hereby consent for **Quad Cities Pediatrics, P.C.** to screen and/or evaluate our child as indicated above.

PARENT/GUARDIAN: _____ DATE: _____

FULL NAME OF CHILD: _____ DOB: _____