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INFORMED CONSENT FOR SPEECH THERAPY

I, _____, the parent/legal guardian of _____, hereby request and consent to Cheryl Rowan Speech Therapy LLC to perform speech-language screening, evaluation, and/or treatment for my child as prescribed by a physician and/or recommended by a Certified Speech-Language Pathologist.

I understand that analysis, diagnosis and treatment of my child may be conditioned upon my consent as evidenced by my signature below. I have carefully read and fully understand this Informed Consent Form and have had the opportunity to discuss it with Cheryl Rowan.

Name of Child

Date of Birth

Signature of parent/legal guardian

Date