

Speech and Language Therapy referral – parent/carer consent form

PLEASE COMPLETE ALL OF THE FORM.

When you have filled in this form, please return it to Sandwell Community School.

See attached Frequently Asked Questions for information on why you have been given this form and what it involves.

Child's Name:	Parent/Carer's Name:
Child's Date of Birth:	Relationship to child:
Child's Address:	

1) How can we contact you? (write your details here)

Call/Text



Email



Post



2) Can the data collected by Sandwell Speech and Language Therapy be shared with staff at Sandwell Community School and any other services involved if necessary? (e.g. sending reports)

Yes []

No [] Your child will not be able to be seen in school by the Speech and Language Therapy Service without this consent

3) Can Sandwell Speech and Language Therapy view data from other organisations that may care for your child/young person?

Yes []

No [] Your child will not be able to be seen in school by the Speech and Language Therapy Service without this consent

4) Please write your child's GP details here:

GP Name _____

GP Address _____

Postcode _____

Contact details (tel) _____

5) I give permission for my child to access Sandwell Speech and Language Therapy including assessment and therapy.

PARENT SIGNATURE _____

PARENT NAME (PRINT) _____

DATE _____

The Speech and Language Therapy service at Sandwell Community School forms part of the Alternative Provision Taskforce set up by the Department for Education. If you have any questions about this form, or your child's Speech and Language Therapy input, you can contact the Speech and Language Therapy team on 0121 612 2345.