



## Speech and Language Therapy

Date:

Dear Parent/Carer

My name is Joy Wills, Speech and Language Therapist at Cumbria Speech and Language Consultancy. My aim is to provide specialist speech & language therapy for children and young people to improve their communication development and support their learning.

Therapy may take the form of an individual assessment, individual therapy sessions, group therapy sessions, whole class work and work delivered by another member of the Nursery/School/College

Sessions are performed without any disruption or discomfort whatsoever for your child – in fact they usually quite enjoy the activities.

In some cases, we will also need to liaise with individual parents, school staff and healthcare professionals (e.g. NHS therapists) already involved with your child. All information is treated with the strictest confidence. We do require your permission to share information with these people though.

If you would like to know more about speech, language and communication or have any concerns about your child's development in this area then please don't hesitate to speak to me or email me.

Please read through the following statements carefully and sign and return to:

[joycslc@gmail.com](mailto:joycslc@gmail.com) or

Joy Wills

Cumbria Speech and Language Consultancy

10 Whiteclosegate

Carlisle, Cumbria,

CA3 0JD

If you would like someone to go through the form with you then I would be happy to do this with you. Please let me know.

Kind regards.

A handwritten signature in black ink that reads "J Wills". The signature is written in a cursive style with a horizontal line underneath the name.

**Joy Wills**



## Parental Consent Form

**Please sign and return to Joy Wills (details above) as soon as possible**

- I give permission for my child to be assessed or treated, as mentioned above
- I understand that some information may need to be shared either verbally or in written form with other professionals and school/college staff where appropriate and I agree to this
- I give permission for other professionals to share information with Joy Wills at Cumbria Speech and Language Consultancy as the Speech & Language Therapist working with my child
- I understand that my child's information will be covered by the data protection policy of Cumbria Speech and Language Consultancy (a copy of which can be requested)
- Occasionally, a child will be video or voice recorded as this can provide valuable therapeutic information. Recordings will not be shared. I agree for my child to be video and/or voice recorded as part of their intervention.
- I confirm I have parental responsibility for the named child/student
- I agree to share any relevant medical/developmental history or other pertinent information in order to support the assessment and therapy of my child
- I agree to notify Cumbria Speech and Language Consultancy of any changes
- I understand that this consent will be ongoing until further notice. I also know I have the right to change my mind at any point and can withdraw the consent in writing to Cumbria Speech and Language Consultancy

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Reason for referral \_\_\_\_\_

\_\_\_\_\_

Parent/Carer Contact Details: \_\_\_\_\_

Signed (Parent/Carer): \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Relationship: \_\_\_\_\_