

Laura Deer, M.S. CCC/SLP, CAS #16418

Licensed Speech-Language Pathologist
Certified Autism Specialist
Special Needs Certified



•Laura Deer Speech Therapy•

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Informed Consent Form

I _____, the parent / legal guardian of _____
Parent / guardian name of client

hereby request and consent for Laura Deer M.S. CCC/SLP, CAS to perform speech and language testing and treatment according to her clinical skills and judgment as a licensed speech-language pathologist.

I give consent for Laura Deer, M.S. CCC/SLP, CAS to select appropriate treatment strategies and techniques to treat my child. In the treatment process, the clinician might have physical contact with my child. At times, physical prompts are provided to help the child learn and are used to help redirect behavior. PROMPT cues (physical cues on the face to help cue speech) might also be used if appropriate for my child's needs. If my child exhibits sensory seeking behaviors, the clinician might provide sensory stimulus to help calm and center my child. The clinician will always use clinical judgment when deciding on treatment strategies to best meet the needs of my child. If I have questions or if I am not comfortable with a treatment approach, I will tell the clinician immediately. Treatment will be tailored to any individual needs.

I acknowledge and agree that a parent or legal guardian must be present during each treatment session. If a treatment session is provided in the community, then I agree to provide transportation services for my child.

I have carefully read and fully understand this Informed Consent Form and have had the opportunity to discuss it with Laura Deer, M.S. CCC/SLP, CAS.

Parent / Legal Guardian Signature

Date