Kura Primarja

Dipartiment tal-Kura Primarja

SPEECH-LANGUAGE DEPARTMENT
Ingiered Road, Luqa LQA 3301, Malta
Tel. 21 230822

SPEECH-LANGUAGE DEPARTMENT
_____ SPEECH LANGUAGE CLINIC
SCHOOL SERVICES

N.B. This form is to be filled in only by parents or legal guardian of student

Date: _____

I (NAME IN CAPITAL LETTERS) _____ allow _____ to benefit from Speech-Language Pathology services given at _____ School.

Student details:

Name: _____

Address: _____

_____

Date of birth: _____ Class/Year: _____

Email address: _____

Tel. no: _____ Mobile no._____

_____ _____

Signature of Parent/Legal guardian ID Card Number

I give the Speech Language Pathologist (SLP) permission to discuss the student with school staff (teachers and other professionals).

Responsibilities:

1. I abide to attend speech therapy sessions as indicated by the SLP.
2. I abide to attend sessions as necessary at school and/or in the community clinic or health centre.
3. Failure to attend sessions will result in discharge.