



ALL ABOUT KIDS™

Evaluations & Therapy Services For All Children

www.allaboutkidsny.com

CONSENT FOR CPSE EVALUATION

I, _____ give ALL ABOUT KIDS permission to evaluate my child.

This evaluation may include a Speech Evaluation, Special Education Evaluation, Medical Reports and any other evaluations applicable to my child's needs and/or required by New York State Regulations. I am aware that I will be receiving a copy of my child's evaluations and that the evaluation site will be contacting me to ensure that I have received the evaluations and to answer any questions I may have regarding the results. I am also aware that by signing this form, I am only giving consent for my child to be evaluated; this consent does not apply to any services, which may be recommended.

Name

____/____/____
Date

Child's Name

____/____/____
Child's Date of Birth

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