Jennifer Bauer, MA, CCC-SLP P: 970-590-6206 F: 970-587-6497 www.bauertherapy.com jennifer@bauertherapy.com



CONSENT TO EVALUATE AND TREAT

| I, | (print name) acknowledge and agree to have my |
|--|--|
| child (or the child under my care), | (print child's name) receive |
| an evaluation and speech-language | therapy services as medically necessary per my |
| child's plan of care from Jennifer Bau | uer, MA, CCC-SLP. |
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| | |
| | |
| Parent/Guardian Signature | Date |