

**PARENTAL CONSENT FORM
SPEECH-LANGUAGE AND/OR HEARING SCREENING**

I give consent to the University of New Mexico Department of Speech and Hearing Sciences to screen my child's speech, language, and/or hearing abilities. I understand that screening will be conducted by graduate student clinicians and supervised by certified Speech-Language Pathologists or Audiologists. Written screening results will be provided.

Child's Name

Date of Birth

Signature of Parent/Guardian

Date



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