

**Specialist Teacher Advisory Service
Communication and Interaction Team (C&I)
Specialist Speech and Language Therapists**

Consent to work with your child

Child's name:	
Address:	
Date of birth:	
Name of Parent/Guardian	
School/College	Glenwood School
Preferred contact phone number	
E- mail address	
Please indicate if you are willing to have reports sent home by e-mail	
Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)	

***On the first occasion you receive an email from us, you will be asked to set up a password.**

I have read your letter and leaflet and agree to my child being supported by the Communication and Interaction Team. I understand this may be in person or via video link.

I understand that my child may be seen directly by a Speech and Language Therapist as part of a class, as part of a group or individually, and that this may involve audio or video recording. I understand that direct work may include assessments.

I understand that the type of involvement will vary across the academic year and that this will include times where my child is not seen directly.

I understand that during times where my child is not being seen directly they are still under the care of the Communication and Interaction team and the Therapists may provide, advice, training or resources relating to my child – in response to a request from my child's school.

I understand that Speech and Language Therapists working with my child may need to share information with other professionals, including the NHS, who work with him/her. I give permission for Speech and Language Therapists working with my child to access information from relevant professionals including the NHS and social care.

Signed		Date	
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Please return this completed form to the school. Thank you.