



## ***Rainy River District School Board***

522 Second St. East  
Fort Frances, ON P9A 1N4  
Phone: 807-274-9855 ext. 5002  
Fax: 807-274-8391

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### **SPEECH-LANGUAGE PROGRAM INFORMED CONSENT FORM**

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Parent/Guardian:** Your child is being referred to Rainy River District Speech-Language Pathology Services. It is important that you understand what services may “look like” before you provide your consent. **Please read the following before you give your consent.**

I understand that consenting to RRDSB Speech-Pathology services means that:

- An information file is made for my child and kept safe and private for 10 years after his/her 18<sup>th</sup> birthday or graduation date. The Speech-Language Pathologist (SLP) keeps the file but I may see it at any time.
- This file has information about my child’s speech, language and academic skills. Information may be collected from my child’s teacher or other school staff, when support is provided, and from reviewing the child’s school records (OSR).

**I understand that consenting to the RRDSB Speech-Language services means that the SLP may initiate the following services with my child:**

#### **Assessment, Screening and Consultation**

The SLP does many things to get an understanding of each child’s skills. This process will examine if a child’s speech and language skills are within expected limits for the child’s age. Assessment may evaluate elements of language, articulation, voice and/or fluency (stuttering) using observation, conversation, parent and teacher reports, and standardized testing materials.

#### **Recommendations, Interventions, & Program Planning**

After the assessment, the SLP may give ideas to the school and to you to be used in class and at home. The SLP might suggest that your child should see another professional depending on the assessment information collected. Intervention with the school based program is conducted by a trained communication disorders assistant (CA) individually or in a small group. The programs delivered to the CA are developed and supervised by the SLP.

**I understand that:**

- The SLP will talk about my child's information with me, RRDSB school staff, and the student's health care team (if applicable). Information will be shared verbally or in a written report for educational planning purposes only. Information **will not** be shared with anyone else without my permission.
- Audio and/or video recordings shall only be used for diagnostic and educational purposes. Recorded information shall be treated as confidential material.
- The See Saw app may be used to communicate progress and provide parents with information about their child's programming.

**I understand the benefits and drawbacks of allowing my child to participate in RRDSB Speech-Language services:**

- The information collected by the SLP can be used to help myself and school staff understand my child's skills and how to help those skills improve.
- If services are required but not provided, school staff may not have helpful information to better support my child in their classroom and it may be harder for those skills to develop. Deficits in speech and language development can lead to academic and social difficulties.
- An assessment and intervention require a child to be withdrawn from the classroom setting. A probable outcome is that the child may miss work being conducted while being away, however steps are taken to minimize the outcome.
- A possible consequence is that a child may feel "singled-out" by participating in on-going intervention.
- I understand that if I do not allow services, my decision will be respected by the SLP and the school staff.

**I understand that:**

- I may not be contacted before testing or before the SLP talks to school staff. I will be contacted verbally and or in writing once an assessment is completed. I will be provided a written copy of my child's assessment report. If my child receives intervention, I will be provided with progress reports two times throughout the year. A copy of my child's report will be placed in their Ontario Student Record.
- If I indicate my understanding of the information provided in this form and allow services for my child, I can withdraw consent at any time by contacting my child's school or the school SLP.
- I can contact my child's school, or the school's SLP, with questions or concerns at any time.

Parent/Guardian involvement is strongly encouraged and important for student success.

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### SPEECH-LANGUAGE PROGRAM CONSENT FORM

Students Name: \_\_\_\_\_

School: \_\_\_\_\_ Date: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Grade \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Has your child received previous Speech-Language services  Yes  No

Please indicate your consent by checking **ONE** of the boxes below and providing the required information in the chart.

I understand the information provided above and **I DO** consent to Speech Language Pathology services being initiated with my child.

**I DO NOT** consent to the provision of RRDSB Speech Language Pathology Services.

Parent/Guardian Name	_____
Parent/Guardian Signature	_____
Relationship to the Child	_____
Date	_____

**I would like to use e-mail throughout the year to communicate my child's programming.  
Here is my email address:**

Please return this signed form to your child's school.

**This consent remains valid as long as a student attends a RRDSB school or parent/guardian withdraws consent.**