

Chris Zwolfer, MA, CCC-SLP

Pediatric Speech and Language Services

Treatment Authorization

I agree to allow Christine Zwolfer, MA, CCC-SLP to provide speech-language pathology services for my child. In addition:

- I have seen and agree with the treatment goals and therapy plan.
- I agree to attend scheduled therapy sessions (see attendance policy).
- I agree to participate in my child's/loved one's treatment, as appropriate.
- I understand that my child may be given work to do at home. I agree to help my child do this work to help with treatment goals.

Print Patient's Name

Date

Patient or Parent/Guardian Signature

Relationship to Patient