



The Learning Center

HILL COUNTRY CHRISTIAN SCHOOL OF AUSTIN

Consent for Speech/Language Evaluation

Student Name:	DOB:	Grade:
Teacher:	E-mail Address:	
Parent Name(s):	Phone:	

The proposed evaluation involves the administration of individually administered standardized tests, which provide a measure of your child's current speech and language skills, focusing on the area of concern. The results of the evaluation enable us to offer appropriate recommendations for interventions and determine any further educational needs.

You will be part of the evaluation process and will be asked to provide input to help determine the educational needs of your child, and will receive a written evaluation report upon its completion.

If you have any questions regarding this evaluation request, please feel free to contact Irma Plaza, Director of The Learning Center, at 512-331-7036 or at iplaza@hccsa.org.

Please initial and sign below to confirm your request for this evaluation:

I consent to the proposed evaluation and have enclosed the evaluation fee of \$225.00.

Parent Signature _____ Date _____

For TLC - HCCSA Use

Date Rec'd	Amt.	Ck #	School Office – Wendi Trevino	Director of TLC – Irma Plaza