



**RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD PERMISSION FOR
SPEECH AND LANGUAGE PROGRAMMING ADMINISTERED BY SPEECH AND
LANGUAGE PATHOLOGIST/ COMMUNICATION DISORDER FACILITATOR**

Date (yyyy-mm-dd):

Name of Student

Name of School:

To: Parent/Guardian

This is to notify you that we would like to include your child _____
in a speech/language program administered by our Board's Speech and Language
Pathologist/Communication Disorder Facilitators.

If you would like more information about this please contact your child's teacher.
If you agree that your child receive this program, please sign this form and return to the
school.

Sincerely, _____

Parent/ Guardian
Signature

Principal and/or Special Education
Teacher Signature

I want my child to receive this program.

I do not want my child to receive this program.