



Lesley Abel

BSc(Hons) Cert.MRCSLT MASLTIP Reg.HCPC
Independent Speech and Language Therapist

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Parental Consent to Assessment and Treatment

I consent to my son/daughter being assessed by Lesley Abel.

I consent to my son/daughter being seen for speech and language therapy input at home or at nursery/school.

I understand that I have the right to withdraw my child from therapy at any time.

Name of child/student _____

Relationship to child/student _____

Signed _____

Dated _____