



通告 Notice

No. 20005: Speech Therapy Service

30th August, 2020

Dear Parents,

The school will need your consent form in order for the Samlot Speech and Swallowing Clinic to conduct a possible speech assessment and follow-up sessions for your child.

The speech therapists will perform possible assessment and follow-up sessions (if needed) in the school.

Please return the reply slip to your class teacher on or before _____. For further queries, please contact Ms. Leung Ka Yan at 2577-5188.

Li Sing Tai Hang School



Ms. Shirley Yip, the Principal



通告 Notice

Consent Form

To: Li Sing Tai Hang School. I have acknowledged the Notice 20005 and I (Please ✓ where appropriate)

agree

disagree

1. my child receiving possible speech assessment and the follow-up service (if needed) by the Samlot Speech and Swallowing Clinic, and for the school to be notified of the result in order to arrange follow-up sessions.
2. to transfer my child's information to the Education Bureau and relevant organizations in order to facilitate the provision of services if required.

Class: _____ Name: _____ () Parent's Signature: _____ Date: _____