Live Strong Therapy
Speech Physical Therapy Occupational Therapy
1161 East Century Ave., Suite 402
Bismarck ND 58503
701-557-3961 or saraernst@livestrongtherapynd.com

Screening Permission Form

Child's Name: _____Date of Birth: _____
Daycare/Preschool:_____
Parent/Guardian Name:_____
Parent Cell Phone:_____
Parent Email: _____
List any concerns here:_____
_____
_____

☐ Check here to give SpeakStrong Therapy, PLLC (DBA Live Strong Therapy) permission to complete the screening and share the results with the person whose contact information appears above.
Printed Name: _____ Date: _____
*Typed Name will be accepted as signature