



Suzy DiIorio
M.S., CCC-SLP

PEDIATRIC SPEECH-LANGUAGE PATHOLOGIST

Empowering children to reach their highest potential

Child's Name: _____

CONSENT FOR TREATMENT

I hereby authorize Suzy DiIorio, LLC, to assess and treat the above-named client using appropriate and assessment and treatment procedures.

Signature of Parent or Legal Guardian: _____

Print Name of Person signing form: _____