

**Purvi Gandhi, M.A., CCC-SLP, TSSLD  
Certified Speech-Language Pathologist  
127 South Street, Oyster Bay, NY 11771  
(917) 860-3373  
License# 016449-1**

**Parental/Consent Form**

I, \_\_\_\_\_, give my permission to Purvi Gandhi Speech Language Pathology Services to observe my child (or the child under my care), \_\_\_\_\_, at \_\_\_\_\_ school. I understand that during this observation, the therapist may speak with the classroom teacher and other professionals at the school about my child.

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Print Name