

# Consent Slip



I am happy for \_\_\_\_\_ to be supported by a Family Link Worker with the following intervention/s:

- Speaking, Listening & Attention Skills
  - Wellcomm
  - Play Skills
  - Nurture—(Boxhall, Solihull, Principles of Theraplay)



Information will be shared with school.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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