



**SAN MARCOS UNIFIED SCHOOL DISTRICT**  
255 PICO AVE, SUITE 250  
SAN MARCOS, CA 92069

**Parent Request for Speech Assessment**  
**Joli Ann Leichtag Elementary**

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

I am concerned about my child's speech. I am requesting a speech assessment. My concerns about their speech specifically are as follows:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Phone number or email address