



## **SPEECH THERAPY SCREENINGS**

Dear Parents,

With the increasing recognition of the early years as critical in a child's development, schools are screening children at younger ages to determine their strengths and weaknesses in important activities. In collaboration with **The Children's Center for Therapy and Learning**, Speech Therapist Rachel Abrams will be conducting speech therapy screenings at your child's school on \_\_\_\_\_ . Even if you do not suspect any problems, we urge you to take advantage of this opportunity to have your child evaluated by a board-certified therapist who specializes in pediatrics.

Each complete screening will include an evaluation of:

- \*Expressive language
- \*Articulation
- \*Fluency/Stuttering
- \*Receptive language skills
- \*Voice
- \*Ability to attend, follow directions and stay on task

### **SPEECH THERAPY**

A Speech Therapist provides evaluations and remediation of a variety of disorders and/or delays. Some include:

- articulation disorders
- cognitive impairments or delays
- social language use or pragmatic disorders
- expressive and receptive language impairments or delays
- fluency/stuttering
- voice disorders
- auditory processing disorder
- oral motor and oral feeding issues
- dysphagia (swallowing)

One week following your child's screening, you will receive a confidential report from the therapist where they will discuss the results and recommendations for a follow up Evaluation if needed. If there are any concerns, you will be given information to contact The Children's Center directly.

### **Please complete and sign the following:**

I hereby apply and consent to Speech Therapy screening with Rachel Abrams, MS CCC/SLP. I certify that I am the legal parent or guardian of the identified patient and that I have the right to independently seek ST services for this child.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Class#: \_\_\_\_\_

Any Concerns Noted:

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_