



43845 10th St. West, Suite 1B, Lancaster, CA 93534
Office: 661-480-6443
Fax: 661-438-1811

Speech & Language Screening Permission Form

Dear Parent(s),

Small Talk Therapy, Inc. will be conducting screenings of speech and language at your child's school for **FREE**. The screening will be performed by an ASHA certified and licensed speech-language pathologist in the following areas of communication:

- o **LANGUAGE:** Listening, Understanding and Speaking Skills
- o **ARTICULATION:** Pronunciation of Words
- o **VOICE:** Quality of Vocalizations
- o **FLUENCY:** Flow and Smoothness of Speech
- o **PRAGMATICS:** The social use of language

Preschoolers and kindergartners with speech and language delays are at a greater risk for learning disabilities, reading & writing difficulties, and overall academic problems. Early detection and intervention offers the most promising chances for improvement.

After the screening you will be notified of the results in a sealed envelope or via e-mail. If the screening indicates that your child does not demonstrate any areas of concern, then no further action will be required of you. If the screening identifies that your child presents with error patterns that are developmentally appropriate at this time, it will be indicated. If speech or language errors, which are not typical for his/her age are observed, you will be informed of the areas of weakness identified in the screening. This information will guide your decision to determine if further investigation is warranted to meet the needs of your child.

A comprehensive speech-language evaluation and progressive therapy are services covered by many health insurance plans. Contact your insurance carrier to find out their criteria for coverage, or call us at 661-480-6443 for an in-depth explanation of how insurance works for speech therapy.

In order to have your child screened, **please complete the consent form on the back** and return it to school.



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Child: _____ DOB: _____ Grade: _____

Teacher: _____ School/Program: _____

Parent's Name: _____ Phone: _____

Address: _____

Email: _____ Date: _____

Parental Concerns: _____

Please circle which days your child attends the preschool: M T W Th F

I give permission for _____ to participate in the free speech and language screening.

Signed: _____ Date: _____