

THE SPEECH AND LANGUAGE CONNECTION

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Dear Parent:

Your child's school is providing speech and language screenings. A screening is a pass/fail examination that does not diagnose a problem, but indicates a need for in depth testing. The fee is \$30.00 for the speech and language screening.

If you would like your child screened by one of our clinicians, please return this form completed and signed with a check for \$30.00.

Delays in speech and language often occur in young children who have a history of repeated middle ear infections. Hearing loss may occur without obvious symptoms. Vision problems can occur at any age. All of the above can affect academic performance. As a parent, you should be aware that early diagnosis and subsequent treatment could often prevent a more serious problem from developing.

Please indicate the area or areas you desire to be screened by checking the appropriate line below and signing the authorization form. Provide the following information CLEARLY and COMPLETELY.

_____ Speech-Language Screening (\$30)

School Name _____ Teacher/Room # _____

Child's Full Name _____

Date of Birth _____ Primary Language _____

Parent email: _____

Parent's Telephone Numbers _____

Describe any concerns regarding child _____

Describe any previous speech therapy _____

Parent's Signature _____

Please make checks payable to: **The Speech and Language Connection**