*Dear Parents,*

*I encourage you to take advantage of this screening opportunity as speech, language, & reading readiness are so vital in the educational process. Early intervention can have a huge impact on present & later learning*! (*These screenings are optional.)*

***Sondi L. Barnett, M.S., CCC-SLP***

*Speech-Language Pathologist serving HBPS children & families*

***Questions or concerns? 502-648-6108****.*

Speech, Language, and Phonemic Awareness Skills Screenings

4’s & Kindergarten: *screenings begin mid-September*

2’s & 3’s: *screenings begin late September/early October*

$20.00 (cash or checks made payable to *Time 2 Talk*)

Screen results/any recommendations will be sent to you and the teacher.

If a formal evaluation is needed, ***my services are available to evaluate & provide therapy at the school setting at a reduced rate on a “fee for service” basis.***

*(I will also provide you with outside resources if you wish to pursue services elsewhere.)*

*For children who already receive speech services or for those who have a current speech/language screen or eval,* ***please contact me*** *as other arrangements may need to be made to best serve your child & family.*

**In order for your child to participate in the screening opportunity, please do the following:**

**(1)** ***fully*** complete request form below, **(2)** enclose payment, and **(3)** return ***both*** the payment and the request to the school in a sealed envelope labeled: “*Attn: Sondi Barnett, Time 2 Talk*”

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*My signature below as the parent/guardian of the child indicated* in combination with *the completion of this screening request form* represents my permission/consent *for my child to participate in a speech, language, and possible phonemic awareness screening (as age-appropriate)* AND *to have screening results shared with teaching staff.* **(*Please print*.**) **Classroom (i.e.”Frogs, 3 day 4’s”)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Days**: M T W R F

**Name (Child)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Age\_\_\_\_\_\_\_\_**

**Name (Parent)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Phone\_\_\_\_\_\_**\_\_\_\_\_\_\_\_**OK to text?** YES or NO

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

**Any concerns or information you’d like me to know**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent *Signature***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_ ***Paid by:* Check#** \_\_\_\_\_\_\_ ***or* CASH** \_\_\_\_