



Speech, Language, and Phonemic Awareness Skills Screenings

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"

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** _____