*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.)*

***Screen season typically runs from about mid-September through early November; typically older children and those with reported concerns by family/teachers are given priority in scheduling.***

*Re-screenings may be recommended for any time between January & the end of the school year.*

***It’s never too late to screen—so please request one at any time!***

***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**

Your child will be screened for **articulation & language** skills with a normed screener tool as possible.

**Early book work skills/Phonemic awareness skills** may also be checked.

A screening takes about 20 minutes--Your child has nothing to do to prepare for this screen session.

The ***screening*** will be ***just a snapshot*** of your child’s development in these areas.

$25.00 (cash or check made payable to “Time 2 Talk”)

*Screen results/any recommendations will be sent to both 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*. (Outside resources can also be provided 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 skills screening* AND *to have screening results/any concerns shared with Teachers/HBPS staff/other support staff servicing HBPS (i.e. OT).* ***I understand I am encouraged to call the Speech Therapist to discuss returned results😊***

**(*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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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