**Speech/Language/Feeding Screen**

I am pleased to provide speech and language screenings at your child’s daycare/preschool. The screenings will be offered in collaboration with caregivers in the school to identify children with feeding, language or communication concerns. It has been proven that speech and language disorders, which are detected and treated early in a child’s development, will be significantly reduced or completely resolved through early intervention. If necessary, I provide therapy in your child’s home or private school setting offering an alternative to clinic based therapy services. Providing treatment in a child’s natural environment allows me to work closely with parents and teachers to ensure that successful communication is carried over into your child’s daily routine.

This screening will identify possible weaknesses or difficulties in the following areas:

* Language
* Articulation
* Language
* Fluency
* Feeding
* Social Emotional Skills

**If you would like your child to participate in this screening, please sign the permission slip and return to your child’s teacher.**

**Permission Slip**

I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to receive a speech and language screening by Little Bean Speech, PLLC.

CHILD’S AGE: \_\_\_\_\_\_\_\_\_\_\_\_DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ I consent to have the results of this screening released to the appropriate staff members to be used confidentially in the best interest of my child.

\_\_\_\_\_\_\_ I DO NOT consent to have these results released to anyone other than myself.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent/Guardian Signature**

**A summary of the screening results with be provided with a follow up phone call from the primary Speech Language Pathologist**.

 **PARENT(S) NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **WORK/OTHER PHONE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your primary concerns with your child’s speech and language development?

Thank you.

Lauren Stalte M.S, CCC-SLP