

## Speech Evaluation Form

**Eastwood Christian School** is offering the private services of a **Certified Speech-Language Pathologist**. Janice Griffin MS, CCC-SLP, who has 16 years experience in the field of Speech- Language pathology will be providing you with the opportunity for a **Screening Test** for your child. Initial screenings will be offered **August 13<sup>th</sup> and August 14<sup>th</sup>** at the school from 9:00 a.m. until 11:45 a.m. at a cost of \$25.00 per child. Mrs. Griffin will be giving these screenings in the school library. Your child's teacher will send your child to the library for the screening. You will receive a copy of the evaluation form.

If a complete diagnostic evaluation is recommended for your child you will have the opportunity to take advantage of this service for an additional charge. Complete evaluations will begin the week of August 24, 2009. Complete evaluations for K-5 will be done during school hours. Complete evaluations of all other grades will begin at 12:45 p.m. in order to not disrupt the students' class time.

**Screenings** will provide information regarding the following:

- Oral motor functioning** – the way the mouth muscles work together to form speech
- Articulation** – speech sound production
- Voice** -- sound quality
- Fluency** - stuttering of spoken language
- Language** - receptive and expressive words

Each of the above areas will be screened according to age and gender related norms. Speech-Language Screening Test will indicate if a child needs further evaluation in one or more specific areas.

Studies have shown that if these areas are detected early, therapy intervention can be more effective and will last for a shorter duration.

Should your child need improvement in one of the above areas, Mrs. Griffin will then recommend a complete evaluation.

Yes, I would like for my child \_\_\_\_\_ (name) to have a Speech-Language Screening Test. My child's birth date is \_\_\_\_\_.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Email address \_\_\_\_\_

**REQUEST FORM AND \$25.00 CHECK(MADE OUT TO JANICE GRIFFIN) DUE BY WEDNESDAY, AUGUST 12, 2009**