



## TALKING TOTS ATLANTA

*"providing pediatric speech therapy in your child's home or daycare"*

www.talkingtotsatlanta.com

Alissa Grace M.S., CCC-SLP (404-234-7199)

Lisa Czech M.S., CCC-SLP (678-428-8969)

Dear Parents,

We are pleased to offer speech and language screenings at Druid Hills United Methodist Preschool on October 6<sup>th</sup> and October 9<sup>th</sup>. The screenings will be offered to children two years and older. Both Alissa and Lisa are licensed and nationally certified speech-language pathologists. The charge for the screening is \$30.00.

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. The speech-language pathologists at Talking Tots Atlanta provide therapy in your child's home or private school setting offering an alternative to clinic based and state/county therapy services. Providing treatment in a child's natural environment allows us 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
- Connected Speech
- Voice
- Fluency
- Oral Motor Efficiency

If you would like your child to participate in this screening, please sign the permission slip on the back of this form and return to the school by October 1, 2009. If you have any questions, please feel free to contact us.

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Lisa Czech M.S., CCC-SLP  
678-428-8969

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Alissa Grace M.S., CCC-SLP  
404-234-7199

Permission Slip

I give permission for my child, \_\_\_\_\_, to receive a speech and language screening by Talking Tots Atlanta on: (circle preferred day or circle both if either day is fine)

Child's teacher \_\_\_\_\_ (please return this form to your child's teacher)

**TUESDAY, October 6th,**  
**FRIDAY, October 9th**

\_\_\_\_\_ Attached is \$30.00 cash.

\_\_\_\_\_ Attached is my check for \$30.00 made payable to Lisa Czech.

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

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\_\_\_\_\_ 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

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A summary of the screening results will be sent home in a sealed envelope with your child.

PARENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

CHILD'S AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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