

LANGUAGE AND SPEECH ASSOCIATES

Bernice Sedlik, M.A.
(818) 222-2555

SPEECH, LANGUAGE AND HEARING SCREENING

Preschool is a place and a time to enjoy all kinds of experiences--to laugh, explore, sing, dance, build, socialize, listen and talk to friends and teachers and families and strangers and toys and selves. Preschool is a place to meet new friends or paint the "Big Bird go Sky" picture, or bring "tup tates" for your "buhfday pahty". Preschool is a time to share all of this without a care for how to say it or who's going to understand. But sometimes it takes some effort to find the right words or put them together. Sometimes it's difficult to sit still for that story, to remember all those directions or figure out those questions. When "sometimes" becomes "most" of the time, preschool isn't so much fun any more and talking and listening feel like work.

On the morning of **September 27th**, Language and Speech Associates will be coming to the school to check the talking and listening skills of children whose families are interested. The children will engage in a speech, language and hearing screening on an individual basis. The speech and language screening will take approximately 10 minutes and the hearing screening 5 minutes. During that time the children will look at pictures, answer questions, talk about their activities and listen to soft tones through ear phones. Not only do the children enjoy this activity, but the information is invaluable in helping to determine your child's communication development.

The fees will be \$28.00 for the speech and language screening, \$15.00 for only the hearing screening, and \$30.00 for a combined speech/language/ hearing screening. Reports will be sent directly to your home and, after the screening, you are encouraged to talk further with the speech pathologist who screened your child. If you would like to have your child's communication development screened, look for the flyers which will be coming home with your child just prior to the screening date.

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Dear **PRESCHOOL** Parent,

Language and Speech Associates has been asked by your Director to provide speech, language and hearing screening services at your school to all children of interested families. The speech and language screening will take approximately 10 minutes and the hearing screening 5 minutes, during which time the children will look at some pictures, answer some questions, and listen to soft tones through ear phones. The children enjoy this activity and the information is invaluable in helping to determine your child's communication development and possible needs. You will receive the results and recommendations in a screening report.

The fees will be \$28.00 for the speech and language screening and \$15.00 for the hearing screening. If you choose to have both done, the combined fee will be \$30.00.

If you would like to have your child screened, please fill out the form below, making sure to include your child's accurate birthdate, and return it with your check to the school office by **Monday, September 25th**. We will not be able to see any child without a signed slip. Please contact your Director about the dates and school location of the actual screening so you can let your child know when she or he will be playing the "talking and listening games."

Sincerely,

Bernice Sedlik, M.A.
Speech Pathologist

*****9/17

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School: **Shepherd of the Valley Preschool**

Teacher: _____ Rm# _____

Child's Name: _____ Birthdate: _____ Age: _____

Days at School (PLEASE CIRCLE): **M T W Th F** **AM and PM**

I would like my child to receive the following screenings:

<input type="checkbox"/> Speech and language only	\$28.00
<input type="checkbox"/> Hearing only	\$15.00
<input type="checkbox"/> Both speech/language and hearing	\$30.00

I understand that I will receive a screening report and that the Director will receive a summary report of the results and recommendations. I understand that my child will be taken out of the regular classroom to another quiet room to sit and talk with a partner of **Language and Speech Associates**. My check made payable to **Bernice Sedlik** is attached.

Parent/Guardian Signature

Parent's Mailing Name (print)

Mailing Address: _____ City/Zip: _____

Day Phone Number _____ Evening Phone Number _____

SPECIAL CONCERNS: