

The Therapy Closet FL

450 S.R. 13 N. Suite 106
Saint Johns, FL 32259
Phone (904)329-6458 Fax (904)677-7800
www.thetherapycloset.com

Dear Parents,

The Therapy Closet FL will be conducting free Speech/Language, & Hearing Screenings at your child's daycare/learning center. This screening will identify speech, language and/or hearing problems that your child may be experiencing. Results of the screenings will be sent home with your child the day it is completed. A copy will also be kept on file in your child's school record. To have your child screened, please fill out the form below.

We appreciate the opportunity to serve your child, your family and your child's program through these screenings. Since 2000, we have provided services in the Jacksonville area and assure you of quality services based on our many years of professional experience. We feel our work is our "ministry" and have been blessed to continue by serving families like yours! Please contact us if we can be of further assistance to you or answer any other questions.

Sincerely,
Paige Leonard, MS, CCC-SLP
Florida License # SA 9794
Director

Child's Name: _____ Sex: M F
Date of Birth: _____ Language Spoken at Home: _____
Center Name: _____ Teacher: _____
Parent(s) Name: _____ Telephone: _____

Do you have any speech, language or hearing concerns? Please explain:

Does your child wear glasses? YES NO
Does your child have a history of ear infections? YES NO
Has your child ever had tubes before? YES NO
Has your child had a hearing test before? YES NO
Has your child ever received speech therapy before? When? Where?

I give permission for The Therapy Closet FL to screen my child for speech, language and/or hearing. By giving permission, I understand that the staff of The Therapy Closet FL may discuss this case with my child's teacher and/or center director. Information regarding my child will not be disclosed to any other individual/agency/source without my permission.

Parent Signature Date