



## Notification of Speech-Language Screening Speech Therapy Department

District: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Parent(s),

Your child's teacher has spoken to me about some concerns for your child's speech and/or language and has asked me to conduct a screening to determine if further action is needed. I have enclosed a form detailing the concerns noted. Please read it over thoroughly and check the appropriate box at the bottom.

Once I have received this form back from you, I will conduct a screening, which may include observing your child in class, interviewing the teacher, taking a language or speech sample from a brief interaction with your child, and/or having your child's teacher complete a checklist.

Once I have completed my screening, I will inform you of the results and the action, if any that I wish to take. I may want to conduct a trial intervention, lasting for up to 9 weeks or perform a full formal evaluation. Trial intervention is a brief period of introductory speech or language therapy. It may also include classroom accommodations/modifications and/or a home program. It may or may not be necessary to pursue more in-depth therapy following this trial intervention period. You will be updated throughout the period.

If you have any questions, please contact me at \_\_\_\_\_  
Thank you for your interest in and support for your child's speech-language needs.

Sincerely,

Speech-Language Pathologist.