



Green Family
THERAPIES

Dear Parents,

Green Family Therapies, certified Speech-Language Pathologists, will be partnering with United Christian Academy to offer language, speech-sound, voice, fluency, and oral motor screenings. Some things to look for in your child when considering a screening include, but are not limited to:

- Speaking few words, frequent grammar errors, difficulty expressing self in age-appropriate sentences
- Difficulty following directions
- Being difficult to understand or making sound errors
- Stuttering or speech that is not "smooth"
- Voice that sounds different than most kids their age
- A preference to play alone more often than with other kids/inability to initiate group interactions
- Drooling or the tongue resting forward or outside of the mouth

The attached permission slip must be filled-out and returned to your child's teacher one week prior to the date of the screenings with a check written to Green Family Therapies in the amount of \$40 dollars.

Each family will receive a summary report detailing their child's performance on the screening. Remember, the earlier a speech/language condition is identified, the greater the chances are for successful treatment.

Any additional questions can be directed to Green Family Therapies at 909-702-1311.

Sincerely,
Christina Ruiz, MS, CCC-SLP
Regional Director of Green Family Therapies
GreenFamilyTherapies.com



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Dear Parents,

Attached is the screening permission form for your review and signature. The screening will provide insight into the development of your child's receptive (understanding) and expressive (use) language, speech sounds, voice, fluency, and oral motor skills. This will help identify conditions that might require further intervention and/or assessment. Each family will receive a summary report documenting their child's performance in each of the skill areas. Additional recommendations will also be provided and a complimentary phone consultation can be scheduled, if necessary.

We look forward to working with you and your child!

Please return the bottom portion along with a check in the amount of \$35 (made out to Green Family Therapies) to the classroom teacher.

Screening Permission Slip

Please detach along the line and staple your check to this form. Please write your child's name on the check.

Child's Name: _____

Date of Birth: _____ Teacher: _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Phone Number: _____ Email: _____