



Tina Gicale MA, CCC-SLP

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## Speech and Language Screening Permission Form

Tina Gicale, MA, CCC-SLP (Speech-Language Pathologist) will be conducting Speech/Language screenings at Bradley Hills Presbyterian Church Nursery School on **March 10<sup>th</sup> & 11<sup>th</sup>**

The screening will encompass the following areas:

**Articulation:** Is your child's speech difficult to understand or sound immature for their age? Do you hear errors in their speech you are concerned about?

**Oral Motor Skills:** Does your child's oral motor skills affect his/ her feeding skills or clarity of speech?

**Language:** Does your child follow directions and understand the language of those speaking to her/him? Does your child have difficulty with vocabulary, concepts, or learning new words? Does your child use limited words or phrases to express themselves?

**Fluency:** Does your child stutter or repeat words several times in a sentence?

**Voice:** Does your child have a hoarse vocal quality?

If you are interested in having your child's speech and language skills screened, please complete the information below and return to your child's school. A letter will be sent home notifying you of the results.

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### Speech/Language Screening Request:

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Language(s) spoken at home (other than English): \_\_\_\_\_

Daycare/ Preschool: \_\_\_\_\_ BHPCNS \_\_\_\_ Teacher/ Class: \_\_\_\_\_

Parent's/Guardian Name(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Concerns: \_\_\_\_\_

I hereby give consent to have my child screened by Tina Gicale, MA, CCC-SLP. I further authorize Tina Gicale to discuss the results with my child's teacher.

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(Parent/Guardian Signature)

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(Date)