

Please check which service is recommended
ST OT



Phone (call/text): Raleigh (919) 285-1647 / Charlotte (980) 288-6822
Fax: (919) 576-1366 • info@speechinspirations.com

PERMISSION TO SCREEN, EVALUATE, AND/OR PROVIDE TREATMENT
Please complete all sections

FULL NAME OF CHILD: _____ GENDER: MALE FEMALE OTHER

CHILD'S DOB: _____ PARENT EMAIL: _____

PHONE (type _____): _____ PHONE (type _____): _____

HOME ADDRESS: _____

CHILD'S PHYSICIAN: _____ PHYSICIAN PHONE #: _____

PREFERRED LOCATION OF TREATMENT: HOME CHILDCARE CENTER OTHER: _____

CHILDCARE CENTER NAME: _____

CHILDCARE CENTER ADDRESS: _____

CHILDCARE SCHEDULE (days attended, arrival/departure times): _____

MEDICAID: YES NO IF YES, MEDICAID ID#: _____

PRIVATE INSURANCE COMPANY: _____ ID #: _____

A screening and/or evaluation will be recommended prior to receiving speech/occupational services if your child's communication and motor skills have not been evaluated in the last 1 year with current goals to be targeted. If your child has been evaluated, documentation supporting the previous evaluation(s) will be requested.

If your child is screened and further testing is recommended you will be contacted regarding the results of the screening. You will then be asked if you would like your child to receive a comprehensive evaluation. **A full evaluation will only be completed once you have been contacted regarding the screening results, insurance benefits/cost, and additional consent forms are signed.**

If you agree to the evaluation, a licensed speech language pathologist or occupational therapist will contact you to schedule this. Scheduled treatment sessions are contingent on the results of the evaluation, the recommendations of the assigned therapist, and parent/guardian(s) decision to proceed.

If you have any questions please contact us!

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

DATE



CONCERNS QUESTIONNAIRE

Dear Parent/Guardian,

A speech/occupational screening is a FREE service that we offer to assess your child's skills and determine the need for an evaluation. The screening will determine if your child is at risk for a speech/language or motor skills delay, warranting further evaluation. It is your choice whether to have your child screened or not. To take advantage of the screening, please fill out the permission form and complete the questionnaire below.

The following information is being requested of you to assist us in this screening. Please answer the following questions as best you can and return this form to Speech Inspirations PLLC or your childcare center.

We look forward to working with you and your child!

- 1. Are you concerned about your child's speech, language, and/or hearing? If yes, please explain.**
- 2. Does your child talk like other children of the same age?**
- 3. Are you concerned about your child's sensory, fine motor skills, or daily living skills such as eating, dressing, drawing, writing, manipulating and using toys purposefully? If yes, please explain.**
- 4. Is your child overly sensitive to lights, sounds, movement, or textures? If yes, please explain.**
- 5. Is your child an extremely picky eater? If less than 15 foods, please list foods he/she eats:**