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Speech-language delays affect roughly eight percent of preschool to school-age children. An average of sixty percent of those children with a delay will face general academic difficulties. Pediatric Therapy Center (PTC) was formed to identify and treat such children.

Speech and language screenings are performed by and/or supervised by a certified and licensed speech-language pathologist. Occupational screenings are performed by and/or supervised by a certified occupational therapist. Our therapists work individually with each child to screen for sound production, voice quality, fluency and language expression for speech screenings and fine motor and gross motor skills for occupational screenings.

If you are interested in screening your child please fill out the form below and return it by \_\_\_\_\_.

(Please detach and return)

## Speech-language & Occupational Screenings are Free of Charge.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

I, as parent or guardian, give my consent to PTC to screen \_\_\_\_\_'s speech, language and occupational abilities. I understand that the screenings will be done by a certified licensed speech language pathologist and/or licensed speech language pathology assistant and certified licensed occupational therapist and/or licensed occupational therapist assistant. Written results will be provided.

Parent/Guardian Signature: \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

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

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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Is your child difficult to understand?                    | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Does your child have difficulty producing certain sounds? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Does your child answer all questions accurately?          | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Does your child's voice sound hoarse?                     | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Does your child stutter?                                  | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Does your child have a hard time following directions?    | <input type="checkbox"/> yes | <input type="checkbox"/> no |