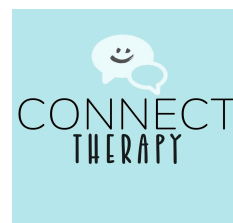


11921 S. Dixie Hwy. Suite 207 Pinecrest, FL 33156

(305) 520-9463

✉ maria@connecttherapyus.com

🌐 www.connecttherapyus.com



CONNECT THERAPY SERVICES SCREENING FORM

*****FILL OUT FORM AND EMAIL BACK TO MARIA@CONNECTTHERAPYUS.COM**

____ YES I am interested in the **Speech and Language Performance Screener ONLY** for my child. **COST: \$75.**

____ YES I am interested in the **Vision and Hearing Screenings ONLY** for my child. **COST: \$15.**

____ YES I am interested in the **Speech/Language/Hearing/Vision Screeners** for my child. **COST: \$85.**

____ NO I am not interested in the screenings for my child.

<u>CHILD'S NAME:</u>		<u>Date of Birth:</u>	
<u>Sex:</u> ____ M ____ F	Current Therapies: ____ Y ____ N If so, which? _____	<u>First time in school?</u>	____ Y ____ N
<u>Parent's Name:</u>		<u>Campus Location/Teacher:</u>	
<u>Child's Primary Language:</u>		<u>Language/s Spoken @ Home:</u>	
<u>Email:</u>		<u>Phone Number:</u>	

Please list any concerns you currently have about your child's speech/language/social development:

This signature authorizes **CONNECT THERAPY SERVICES LLC.** to perform the screenings and share results with you and **LA PRIMA CASA MONTESSORI.**

PARENT NAME (PRINT): _____

SIGNATURE: _____

DATE: _____

*Screenings are performed by nationally-certified and state-licensed Speech-Language Pathologists and Occupational Therapists

Connect Therapy Services

Speech & Language Disorders - Reading Disabilities - Diagnostics & Intervention

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