


 11921 S. Dixie Hwy. Suite 207 Pinecrest, FL 33156  
 (305) 520-9463  
 [maria@connecttherapyus.com](mailto:maria@connecttherapyus.com)  
 [www.connecttherapyus.com](http://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.

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

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

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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  
 11921 South Dixie Hwy. Suite 207 Pinecrest FL 33156