



Phone (call/text): (919) 605-5769
Fax: (984) 202-2210
crystalt@bloomingexpressions.net

FREE SPEECH SCREENING FORM

Please complete ALL sections

Child's Full Name : _____ DOB: _____ Gender : ☐ Male ☐ Female
Address : _____
Phone Number 1 : _____ Phone Number 2 : _____
E-Mail : _____ Parent Names : _____
Child's Physician : _____ Physician Phone # : _____
Childcare Center Name & Address : _____
Preferred Location of Treatment : ☐ Home ☐ Daycare ☐ Other : _____
Childcare Schedule Days attended, arrival/departure time : _____
Insurance : _____ ID # : _____

SCREENING, EVALUATION & TREATMENT INFORMATION

A **speech screening** is a FREE service that is offered by Blooming Expressions Therapy PLLC in order to determine whether a full speech/language or feeding evaluation is warranted. It is your decision whether you want your child to be screened. To take advantage of this free screening, fill out the permission form and complete the questionnaire on the next page.

If a screening is completed and a full evaluation is recommended, you will be contacted regarding the results of the screening and will be asked if you would like to move forward with the 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 will contact you to schedule this. Scheduled treatment sessions are contingent on the results of the evaluation, the recommendations of the evaluating therapist, and parent/guardian(s) decision to proceed.

Parent/Guardian Name

Parent/Guardian Signature

Date

OFFICE USE ONLY

Date of Screening : _____ Screening Notes : PASS / FAIL Contacted Parent : _____

Move forward with evaluation : YES / NO

Crystal Tarkington

Crystal Tarkington
Speech-Language Pathologist



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CONCERNS QUESTIONNAIRE

1. Are you concerned with your child's **speech, language and/or hearing**? If yes, please explain:

2. Do you think your child talks like other children their age? ☐ Yes ☐ No

3. If you're concerned about your child not yet talking or not using a lot of words, about how many words does your child say? List them here if under 10.

4. Are you concerned about your child's **eating/drinking**? (e.g. extremely picky eater? Difficulty transitioning to purees or solid food? Coughing a lot during eating/drinking? Difficulty chewing?) If yes, please explain.