

Parent Questionnaire

1. Has your child had **frequent ear infections, chronic congestion, middle ear fluid, or PE tubes?** (Please circle all that apply).
2. Do you have any specific concerns in the following areas?
 - Pronunciation
 - Vocabulary of sentence formulation
 - Voice (Hoarseness)
 - Fluency (Stuttering)
 - Following Directions
 - Memory Tasks
 - Learning letters, achieving early reading skills
3. Has your child every been evaluated by an Occupational Therapist?
 - Yes NoIf so, what were the recommendations?
4. Do you have specific concerns in the following areas?
 - Handwriting (including pencil grip)
 - Attention in classroom or at home
 - Following Directions
 - Coordination or Clumsiness
 - Eye Contact
 - Interacting with other children
 - Sitting Still
 - Refuses to wear certain clothing
 - Changing routines or activities
 - Dressing independently
 - Tying his/her shoes independently

Beth Ingram Therapy Services

Phone: (813) 653-1149
Fax: (813) 654-6644
therapy@bethingram.com
www.bethingram.com

Seven convenient locations:
Bartow/Polk, Brandon, Largo,
North Tampa, South Tampa

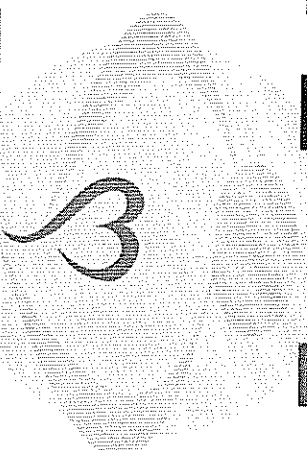
S**C****R****E****H****E****N****T****I****N****G****S**

Speech, Language, Hearing

and

Occupational Therapy

B**E****T****H****I****N****G****R****A****M**



T**H****E****R****A****P****I**

S**E****R****V****I****T****O****R****S**

Serving your therapy needs

from

infancy to adulthood



www.bethingram.com

Call us at (813) 653-1149



Why Early Identification?

Approximately 10% of children struggle with a communication disorder. Children who receive speech/language therapy *prior to the age of five years* have a much higher rate of success than those who begin intervention later. Handwriting problems are the leading reason school-age children are referred for occupational therapy. It is our goal to aid in identifying any difficulties your child may have with his/her speech, language, and/or sensory-motor development.

How to sign-up for a screening?

1. Parent or legal guardian
 - A. Signs the release form
 - B. Fills out the Questionnaire and sends in \$25* for each screening.
 - C. Return brochure to teacher at the daycare or school.
- Cash or check, made payable to **Beth Ingram Therapy Services**.
- *Payment(s) can be applied to your private payment of an evaluation, if further evaluation is recommended.

2. Screening is completed at child's daycare or school (takes approximately 20 minutes).
3. Written results of the screening will be provided within seven working days.

What is a Speech, Language + Hearing Screening?

The following areas will be screened:

- A Articulation (Pronunciation)
- F Fluency (Stuttering)
- L Language:
- R Receptive (Understanding Language)
- E Expressive (Using words and/or forming sentences)

- H Hearing
- V Voice (Hoarseness)

Additional concerns may also be addressed, if needed:

- A Auditory Processing
- P Phonological Awareness

What is an Occupational Therapy Screening?

The following areas will be screened:

- H Handwriting
- S Sensory Integration
- A Attention
- G Gross Motor Skills
- H Hand-Eye Coordination



RETURN FORM

Please complete and return form to your child's teacher by:

Yes, I would like my child

Name _____

Date of Birth _____

to participate in a (check one or both)

- Speech, Language, and Hearing Screening (\$25)
- Occupational Therapy Screening (\$25)

I do/do not want my child's daycare/school to receive a copy of the screening results.

Parent's Signature _____

Daytime Phone Number _____



Screenings are performed by a state-licensed and nationally certified Speech-Language Pathologists and Occupational Therapists. Therapists specialize in the areas of pediatric speech-language development and sensory motor development, respectively.

Continued on Reverse...

Please cut and return this portion.