Heather Katchmore, M.A., CCC-SLP
Pediatric Speech Language Therapist
Phone: 717.256.1507
Email: tinytalkersspeechtherapy@gmail.com
Website: www.TinyTalkersPa.com

OFFICE USE ONLY	
ID	
DATE	
OTHER	

SCREENING & EVALUATION

A screening or evaluation will be recommended prior to receiving speech-language services if your child's communication skills have not been evaluated in the last 1 year or in the last 3 years with current goals to be targeted. Documentation supporting the previous evaluation(s) will be requested.

SCREENING

- DESCRIPTION: Typically one or two short measures of your child's communication skills.
- DURATION: 20 to 30 minutes.
- MEASURES: Informal and/or formal screening tools, such as professional observation, parent/teacher consultation, checklists, and standardized screeners.
- OUTCOME: A screening outcome sheet with indication of *recommendation for full evaluation*, *monitoring of child's development*, *referral to other professional*, and/or *functioning within normal limits*.
- COST: $60, which will be applied to evaluation fee if full evaluation is recommended.

I would like my child to be **screened** in areas related to the following concerns: _____

_____

FULL EVALUATION

- DESCRIPTION: A comprehensive evaluation using one or more formal assessments to measure your child's communication skills across one or more areas (e.g., expressive language, articulation, and/or pragmatics).
- DURATION: 2 to 3 hours.
- MEASURES: Informal (professional observation, parent/teacher consultation, checklists) and/or formal assessment tools (standardized tests, criterion-referenced tests).
- OUTCOME: A comprehensive evaluation report delivered electronically, with a detailed description of child's developmental background, health history, observations, assessment results, and clinical recommendations.
- COST: $225

I would like my child to be **evaluated** in areas related to the following concerns: _____

_____

I would like my child to be **screened ($60) and evaluated ($225) at a later date** if recommended**.**

CONSENT FOR SCREENING/EVALUATION:
We hereby consent for **Tiny Talkers, LLC** to screen and/or evaluate our child as indicated above.

_____ _____
FULL NAME OF CHILD DATE OF BIRTH

_____ _____
PARENT/GUARDIAN SIGNATURE DATE