

Dear CUMC parent/guardian,

I am excited that we will be offering speech-language therapy at Crestwood United Methodist Preschool again this year.

My name is Tara Gnau, I am a certified speech-language pathologist. I currently hold my state license as well as my national certificate of clinical competence. I worked in an elementary school (prek to 5<sup>th</sup> grade) in Jefferson County for 10 years and First Steps, Kentucky's early intervention program, for 8 years. I have been contracting with CUMC for six years. Both of my children have attended CUMC.

#### THE PROCESS:

1. Screening : \$25
  - Parents fill out a request for screening found in the school office.
  - SLP will administer a non-standardized screening which will give information regarding articulation and language skills and if testing is warranted.
  - SLP will call the parent with recommendations or write a short report if needed.
  - SLP will attempt a hearing screening, if there are any concerns a referral will be made to an audiologist for a more in-depth hearing assessment.
2. Assessment:
  - Language Assessment: \$125
    - a report will be generated to give scores, strengths, weaknesses, and recommendations
  - Articulation Assessment: \$90
    - a report will be generated with scores, strengths, weaknesses, and recommendations
  - Articulation and Language Assessment: \$160
3. Therapy: \$45
  - SLP will see the child individually, once a week for 30 minutes
  - A note and homework will be sent home after each session
  - Annual reevaluations will be conducted during therapy sessions and updates will be reported to parents.
4. Kindergarten Transition Paperwork: \$20
  - SLP will communicate with the child's school to make the transition to kindergarten if continued services are needed.
  - Assessments, progress data, and re-evaluations (if needed) will be sent to the child's kindergarten school.

I look forward to talking with you about your child. If you have any questions, please feel free to email or call me.

Thank you!

Tara Gnau

502-802-1871 [t.gnau1121@gmail.com](mailto:t.gnau1121@gmail.com)



## Speech-Language Screening Request

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Teacher: \_\_\_\_\_  
Parent's Names: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

Has your child previously received speech-language therapy? If yes, where?

\_\_\_\_\_

Concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Areas of Concern:

#### 1. Speech Articulation

No Concern:\_\_\_\_

Describe sound errors:\_\_\_\_\_

How much of speech is understood by a familiar listener? To an unfamiliar listener? (0%, 25%, 50%, 75%, 100%):

Familiar:\_\_\_\_\_Unfamiliar:\_\_\_\_\_Com  
ments:\_\_\_\_\_

#### 2. Language

A. Production and Use of Words:

No Concern:\_\_\_\_

How many total words is the child expressing?\_\_\_\_\_

How many words does the child use at a time/in a  
sentence?\_\_\_\_\_

B. Understanding of Words

No Concern:\_\_\_\_

Can the child point to common items if they are named?\_\_\_\_\_

Can the child point to items as described (blue/red, big/small, top/bottom, etc)? \_\_\_\_\_

Comments: \_\_\_\_\_

### **C. Grammar**

No Concern: \_\_\_\_\_

Pronoun errors?: \_\_\_\_\_

Leaving out words in sentences?: \_\_\_\_\_

Sentences have words in the wrong order?: \_\_\_\_\_

Asks questions incorrectly?: \_\_\_\_\_

Comments: \_\_\_\_\_

### **D. Following Directions**

No Concern: \_\_\_\_\_

Can the child follow 1-step directions?: \_\_\_\_\_

2-step directions?: \_\_\_\_\_

3-step directions?: \_\_\_\_\_

Can the child answer the following types of questions: What? Where? Who?

Why? \_\_\_\_\_

Comments: \_\_\_\_\_

### **3. Communication**

No Concern: \_\_\_\_\_

Is the child able to communicate thoughts/wants/needs through spoken words? sign language or gestures? :

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

### **4. Hearing**

Does the child have a history of ear infections? \_\_\_\_\_

How many ear infections? \_\_\_\_\_

Does the child have tubes in his/her ears? \_\_\_\_\_

When was the child's last hearing screening? \_\_\_\_\_

\_\_\_\_\_

Parents Signature



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### **Permissions to provide Speech-Language Therapy**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent name (Printed): \_\_\_\_\_

Please initial by each statement if you consent.

1. \_\_\_\_\_ COVID Release of Liability: I hereby forever release and waive my right to bring suit against Tara Gnau MS. CCC-SLP, in connection with exposure, infection, and/or spread of COVID-19 related to providing speech services at Crestwood United Methodist Church Preschool in Crestwood, KY. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

2. \_\_\_\_\_ I give permission for Tara Gnau to take pictures or video of my child during therapy sessions. These videos and pictures would be for therapeutic purposes only and only shared with CUMC staff and myself.

\_\_\_\_\_  
Parent Signature