



6317 Highway 329
Crestwood, KY 40014

PHONE
502.384.0910

FAX
502.384.0908

Child's name: _____

Date: _____

Dear Parent(s)/Guardian(s):

We are offering speech and/or language screenings for those who may have concerns for your child(ren) in this area. After the screening, we will reach out with our results/recommendations. Please indicate below if you would like to participate. The cost of the screening is \$25 and is payable by check to The Chatter Box.

_____ I give permission for my child to participate in a speech/language screening.

Parent email address: _____

Phone: _____ Best method to reach you: _____

Child DOB: _____

Parent comment: (Please note any concerns you have or any previous speech/language therapy, etc.)

Parent/Legal Guardian Signature: _____

Date: _____