

Dear Parents of St Marks Episcopal Day School,

We hope that this letter finds you off to a great start for the 2010-2011 school year! We are happy to share we will be providing on-campus screenings for Speech and Hearing as well as Fine Motor, Visual Perception, and Handwriting.

The screenings will be voluntary and will aim to identify children who may benefit from further intervention in these areas. The screenings will take place beginning September 8. Written results with recommendations will be sent home with your child on the day of the screening.

To have your child screened, please fill out the form below, and return to the office with a check for the appropriate amount. Make checks payable to Brandee Charles. **Forms are due September 7, 2010.**

We are thankful for the opportunity to work with the children, teachers and families of St. Marks.

Sincerely,

Brandee Charles CCC/SLP  
Speech Language Pathologist  
904-874-7468

Christie Cosby OTR/L  
Occupational Therapist  
904-236-2451

Child's Name: \_\_\_\_\_  
Parent's Name(s): \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Child's Teacher: \_\_\_\_\_

DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Screening Requested / Please check

Speech \$20.00  
 Hearing: \$ 5.00  
 Fine Motor/Visual Perception/Handwriting: \$25.00

Please list any allergies or medical complications that your child has.

\_\_\_\_\_  
\_\_\_\_\_.

Do you have any specific concerns about your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Does your child wear glasses?	Yes	No
Does your child have a history of ear infections?	Yes	No
Has your child had tubes before?	Yes	No
Has your child had a hearing test before	Yes	No
Has your child ever received speech or occupational therapy before?	Yes	No

I give permission for Brandee Charles CCC-SLP and/or Christie Cosby OTR/L to screen my child for the concerns indicated above. By giving permission I understand that the therapists may discuss this case with my child's teacher and that she will not disclose information regarding my child with any other individual or source without my permission.

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