



### Developmental Screening for Pre-Kinder and Kindergarten

Child development is how a child grows, learns, and progresses over time from birth through adolescence. Although each child progresses at a different rate, their skill development generally follows a set order and happens around the same time for most children. This progression of common skills is called developmental milestones. If a child is not adequately meeting their developmental milestones, there could be concern of a developmental delay, which in turn can affect the child's academic progress. Therefore, we highly encourage you to have your child participate in this developmental screening.

During the developmental screenings our licensed speech-language pathologists and occupational therapists will be addressing the following areas:

Speech-Language:

- Speech: articulation (how sound are pronounced), voice (how vocal cords are used) and fluency
- Language: Receptive (what is understood), expressive (what a child says) and pragmatic (social communication).
- Hearing screening to determine adequate middle ear functioning or hearing acuity.

Occupational Therapy:

- Fine motor and sensory development
- Self-care skills
- Mobility
- Muscle tone and strength
- Posture and balance
- Handwriting

A copy of your child's screening results will be sent to you. If the child's screening indicated a concern, a more comprehensive evaluation will be recommended to determine if treatment is warranted.

**Speech Pathology and Educational Center, Inc.** will be conducting a comprehensive developmental screening at Our Lady of Lourdes Parish School on October 5, 2021.

Please select the screenings, provide the following information and return to your school with payment attached by: \_\_\_\_\_.

Checks made payable to SPEC (Please include driver license number). To pay by credit card, please go to our website: [www.specmiami.com](http://www.specmiami.com)

**Choose one or more:**  Developmental Screening Cost: **\$50**    **Add:**  Vision and Hearing screening **only:** \$25    **All 4 Screenings:**  **\$60**  
 (Includes Hearing)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ years \_\_\_\_\_ months  
 Sex: \_\_\_ M \_\_\_ F Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_ Room#: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_  
 Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

**Please check those that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> My child is difficult to understand, EXPLAIN _____   | <input type="checkbox"/> My child wears glasses (If yes, bring glasses to screening)        |
| <input type="checkbox"/> My child mispronounces sounds, EXPLAIN _____   | <input type="checkbox"/> My child has difficulty holding a pencil correctly.                |
| <input type="checkbox"/> My child has difficulty following directions.  | <input type="checkbox"/> My child has difficulty with handwriting.                          |
| <input type="checkbox"/> My child has a chronic hoarse voice.   | <input type="checkbox"/> My child has difficulty identifying letters or numbers.            |
| <input type="checkbox"/> My child has difficulty using sentences.   | <input type="checkbox"/> My child was delayed in early milestones.                          |
| <input type="checkbox"/> My child repeats sounds, syllables, words (stutters).                                      | <input type="checkbox"/> My child has had frequent ear infections. How many per year? _____ |
| <input type="checkbox"/> My child has had speech/language or occupational therapy previously. Where/Length? _____   |   |
| <input type="checkbox"/> Languages spoken to child    English _____%    Spanish _____%    Other _____ = <u>100%</u> |   |
| <input type="checkbox"/> Languages child uses        English _____%    Spanish _____%    Other _____ = <u>100%</u>  |   |
| <input type="checkbox"/> How long has the child been exposed to English? _____                                      |   |

I hereby consent for Speech Pathology and Educational Center, Inc. to screen my child and share the results with my child's school.

**Parent's Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_