

Dear Parent or Guardian:

Southern California Sensory Screening will be at our school **Monday, March 13th** to conduct our annual health screening program. SCSS has specialized in childhood hearing, vision, and speech/language screening since 1980. Their staff members are highly qualified and they test thousands of children each year. The tests are simple to follow, very accurate and extremely helpful to the school in determining classroom readiness for our students.

SCSS is offering the TYKE, Kindergarten, First and Second Grade Learners an optional speech and language screening program, the fee is \$10. Children in these grades have reached a critical plateau in their communications development. It is at this age span that children should have acquired full, adult-level speech and language skills. This is also the age at which any speech problems need to be identified and corrected, so that they are not carried into adulthood.

Our teachers do their best to listen for obvious speech problems in the classroom, but they are not trained in this area. Doctors do not have appropriate staff in their offices to perform speech assessments during your child's check-up visits. This program at our school brings a speech therapist to us who can tell you if your child is keeping pace with his or her peers, or may need some assistance to overcome a particular speech or language problem.

You will receive a complete written report on your child's performance after the screening is done. Our school takes childhood health and developmental issues very seriously, which is why we offer this yearly program. We hope you will sign up your child for this effective and inexpensive screening.

Please complete and return to the School Office.

**SPEECH SCREENING
PARENT PERMISSION FORM
TYKE – 2nd Grade**

Child's Name _____

Birth Date _____ Age _____ School **St. Edward**

Teacher _____ Grade _____ Room _____

Parent/Guardian _____

Address _____

City & Zip _____

Home Phone (_____) _____

Please perform the speech screening for my child. I have attached cash or my check made payable to SCSS. **I understand that I will be charged \$25.00 if my bank returns my check.**

_____ Speech/language screening \$10.00

Is your child bilingual? Language spoken at home: _____

Notes about your child's health/development

