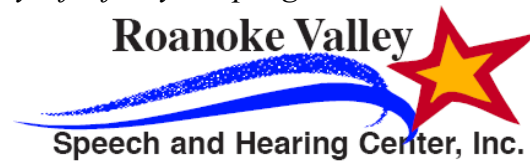


*Mission: "To improve quality of life by helping children and adults communicate effectively."*



2030 COLONIAL AVENUE, S.W., ROANOKE, VA 24015  
540-343-0165

January 5, 2021

Dear Parents:

Faith Christian School has scheduled speech-language and hearing screenings on **Wednesday January 20, 2021.** The Cost is \$20.00 for both screenings and \$10.00 for each individual screening. Please return the permission form with your check made out to Roanoke Valley Speech and Hearing on Tuesday, January 19<sup>th</sup> for this **optional** service.

### **INFORMATION ABOUT SPEECH-LANGUAGE AND HEARING SCREENINGS**

#### **SPEECH-LANGUAGE SCREENINGS**

To determine if children are developing speech and language skills normally or if further testing needs to be done.

Areas examined include:

- *Articulation* (how speech sounds are made);
- *Receptive language* (what children understand of words said to them);
- *Expressive language* (how children use words);
- *Fluency* (ex.: stuttering);
- *Voice* (the appropriateness of pitch, quality, and loudness).

#### **HEARING SCREENINGS**

To determine if children are hearing normally or if further testing needs to be done. Various frequencies are presented at a designated loudness level.

If you have any specific questions concerning the screenings, please feel free to contact us at Roanoke Valley Speech and Hearing Center (343-0165).

\*Permission Form Attached\*

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**Roanoke Valley**  
Speech and Hearing Center, Inc.  
2030 COLONIAL AVENUE, S.W., ROANOKE, VA 24015  
540-343-0165

**PLEASE COMPLETE THIS FORM GIVING PERMISSION FOR YOUR CHILD TO RECEIVE A SPEECH-LANGUAGE AND/OR HEARING SCREENING ONLY IF YOU ARE CHOOSING TO HAVE YOUR CHILD SCREENED.**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_ I give permission for my child to receive a speech-language and hearing screening by one of the professionals from the Roanoke Valley Speech & Hearing Center for a **\$20.00 charge**.

\_\_\_\_\_ I give permission for my child to receive a speech-language screening only by one of the professionals from the Roanoke Valley Speech & Hearing Center for a **\$10.00 charge**.

\_\_\_\_\_ I give permission for my child to receive a hearing screening only by one of the professionals from the Roanoke Valley Speech & Hearing Center for a **\$10.00 charge**.

**Payment (check) for the above screening will be due with this permission slip.**

*\*Make payment to Roanoke Valley Speech and Hearing Center\**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date