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REQUEST FOR SPEECH & LANGUAGE SCREENING

I would like to request for my child to receive a speech and language screening provided by **Apple Patch Therapy**.

Child's Full Name: _____ Date of Birth: _____

Concern(s): *Check all that apply*

- | | |
|--|--|
| <input type="checkbox"/> Misarticulating sounds/speech | <input type="checkbox"/> Grammar difficulties |
| <input type="checkbox"/> Language comprehension | <input type="checkbox"/> Expressive language |
| <input type="checkbox"/> Listening skills | <input type="checkbox"/> Difficulty with fluency |

Other: _____

Insurance: _____ Insurance ID: _____

Parent/Caregiver Name: _____

Phone: _____ Email: _____

Parent/Caregiver Signature: _____ Date: _____

This form constitutes a request for screening with parent/caregiver/guardian permission to determine whether areas of concern can be addressed. This screening will include a review of the student's communicative abilities and can address language comprehension and use, articulation, fluency or voice. Results and recommendations will be reviewed with parent and teacher to determine the plan of action.