Speech and Language Screening

Hello! We are Katelyn Dean & Rachel Polk and we are Speech Language Pathologists and the owners of Mighty Kids Speech Services. We provide speech and language services to students in Orange County.

mighty kids SPEECH SERVICES

Zelle®

A screening is an informal measure that help identify if a child's speech and language skills or age-appropriate or may require a formal evaluation. Screenings are $35 and require a signed permission form. Payments can be made using check made out to **Mighty Kids Speech Services,** cash, or by scanning the Zelle QR code in your banking app. If you choose to make your payment through Zelle, please include the school name and your child's first initial and last name (e.g. School Name- K. Dean).

Your student will participate in the screening and then you will receive a sheet which indicates the results of the screening. If you have any specific questions, please feel free to call or email us. Please complete the information below and bring/submit your chosen payment method when you return the completed form. Screenings cannot be completed until payment is received.
Payment Method: c Cash c Check c Zelle

Child Name: _____ **Date of Birth**: _____
Parent / Guardian Name(s): _____ **Teacher/Grade:** _____
Language(s) Spoken in the home: _____
****If your student is in preschool, please circle the days your student attends**: M T W TH F

Has the student ever received speech language services (screening, evaluation, treatment)? c YES c NO If yes, please describe:

_____

_____

Parent concerns regarding the student's speech and language skills:

_____

_____

You have permission to contact me regarding the outcomes using my contact information listed here
(Please provide an email and phone number):

_____

_____

☐ I give Mighty Kids Speech Services permission to complete the screening and share the results with the person whose contact information appears above.
☐ I give Mighty Kids Speech Services permission to share the results of this screening with the educational support staff at _____ (please list your student's school).

Printed Name: _____ Date: _____

Signature: _____

Contact Information: Mighty Kids Speech Services | 657.224.0082 | mightykidsspeech@gmail.com