



Our Center will be conducting the following screenings at
HIGHPOINT ACADEMY on
Thursday, October 17 & Friday, October 18, 2024.



**HEARING
SCREENING**

Jr.PK thru 5th grade

Screen hearing acuity
using audiometric
equipment.

VISION SCREENING

Jr.PK thru 5th grade

Screen visual acuity
(ability to see).

**SPEECH / LANGUAGE
SCREENING**

Jr.PK thru 5th grade

Screen production of
speech sounds, voice,
fluency, and receptive and
expressive language skills
using a comprehensive
standardized speech and
language test.

**OCCUPATIONAL
SKILLS SCREENING**

Jr.PK thru 5th grade

Screen handwriting, fine
motor, visual perception/
visual motor integration,
attention, and sensory
skills.

These comprehensive screenings are specifically designed to detect any potential problems, which can interfere with a child's academic and social performance. We highly recommend your child's participation in the screenings, as it helps identify areas that may affect your child's ability to learn. Screenings are a great tool to determine if a child warrants a full evaluation. Our screenings assess different skills at different ages and yearly screenings are important to monitor progress. ***Our Center offers speech and language therapy and occupational therapy services at our office and at your school.***

The registration form is required prior to the screening of each student. Please return this entire form to your child's teacher as soon as possible. **Complete the form on the reverse side and return it to the school by Monday, 10/07/24 for your child to be tested.**

Registration Form (please print)

Child's Name: _____ **Date of Birth:** _____
Age: _____ **School:** Highpoint Academy **Class:** _____ **Teacher:** _____
Parent/Guardian's Name: _____ **Phone #:** _____
Email: _____ **Address:** _____

Please indicate the screening/test requested:

Three Screenings (Speech & Language, Hearing, Vision): \$55.00

Occupational Skills- \$30.00

PLEASE MAKE YOUR CHECK PAYABLE TO
CHILDREN FIRST BILINGUAL SPEECH & LEARNING CENTER

Total Amount: _____ Check #: _____

I authorize and consent Children First Bilingual Speech and Learning Center, Inc. to screen my child at his/her school and to share the results with my child's school. I understand that I will be notified of the results of the screening and recommendations in writing.

Parent/Guardian Signature: _____ **Date:** _____

Developmental Information:

- What is your child's preferred/dominant language? _____
- Has your child previously had speech therapy or is presently in speech therapy? Yes No
- Is your child's speech difficult to understand/or does he/she mispronounce words? Yes No
- Does your child have difficulty with comprehension or expressing him/herself? Yes No
- Has your child previously had occupational therapy (OT) or is presently in OT therapy? Yes No
- Does your child have difficulties holding a pencil or with letter formation? Yes No
- Does your child demonstrate difficulties running, jumping, catching, or throwing? Yes No
- Does your child demonstrate difficulties paying attention? Yes No
- Does your child wear glasses? Yes No

Additional Comments:
