THERAPY SOLUTIONS OF GEORGIA, INC.
3615 BRASELTON HIGHWAY · SUITE 103 · DACULA, GEORGIA 30019-5907

Speech Therapy

Therapy Solutions of Georgia, Inc is pleased to announce that we will be providing speech and language therapy services at Old Peachtree Montessori for the 2008-2009 school year.

We will be conducting screenings at your school on September 17, 2008. If you have questions or concerns about your child's speech and language development, a screening is the first step in determining if therapy services are needed. A full screening which includes speech, language, hearing, and vision is available for $40.00. A partial screening which includes speech and language is available for $25.00. In order to have your child screened, please complete the consent form on the back and return it to the school office along with your payment **no later than** September 12, 2008. Checks can be made to Therapy Solutions of Georgia, Inc. We look forward to serving the children at Old Peachtree Montessori.

For additional information please visit on the web at www.tsg-inc.net or contact our clinic at (678) 377-9634.

PHONE: (678) 377-9634 · FAX (678) 377-9609

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SCREENING PERMISSION FORM

Therapy Solutions of Georgia, Inc. will be at ______________________________ on ____________________ to conduct Speech and Language screenings. The following areas will be screened:

- Articulation (speech sound production)
- Language
- Fluency (stuttering)
- Voice

If you are interested in having your child's speech and language skills screened please complete the information below. A letter outlining the results of our screening will be sent home with your child in a sealed envelope. In addition, hearing and vision screenings are available for children over the age of three. If your child passes this portion of the screening, we will sign the hearing and vision portion of the Georgia Department of Human Resources Certificate of Ear, Eye and Dental Examinations form required for entrance into public kindergarten and some private schools. If you have any questions or concerns, please contact our office at (678) 377-9634.

Child's Name: ______________________________ Date of Birth: ____/____/____

Parent's/Guardian's Name: ______________________________

Address: ______________________________

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Daytime Phone Number: ____________________ Evening Phone Number: ____________________

I hereby give consent to have my child screened by Therapy Solutions of Georgia, Inc. Unless indicated below, I further authorize Therapy Solutions of Georgia, Inc. to discuss the results with my child's teacher.

______________________________ ____________

(Parent's/Guardian's Signature) *(Date)*

☐ I **do not** authorize Therapy Solutions of Georgia, Inc. personnel to discuss the results with my child's teacher.

Please indicate any areas of special interest or concern: ______________________________

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Please indicate services desired -		☐ Check Enclosed # ______	☐ Cash Enclosed
☐ $	Complete Screening (ages 3 and above)	Please make checks payable to Therapy Solutions of Georgia, Inc.	
☐ $	Speech & Language Screening	☐ (Mastercard)	☐ VISA (Visa)
☐ $	Hearing Screening (ages 3 and above)	Card Number	Amount
☐ $	Vision Screening (ages 3 and above)	Signature	Exp. Date

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