



HARBOR HAVEN
SPEECH THERAPY FORM

Child's Name: _____

Child's age as of June 27, 2017: _____

Parents :

This form must be completed if:

1. *Your child is signed up to receive individual Speech Therapy at Harbor Haven this summer.*
And/or
2. *Your child is age 3-9. All 3-9 year olds attend an included Speech group at Harbor Haven once/week. (if your child ages 3-9 does not receive any speech during the year just write your child's name below and check off 'not applicable')*

This form does not have to be completed if:

1. *Your child is age 10-15 and is not going to receive individual Speech at Harbor Haven.*
2. *Your child is age 3-9, but does not currently receive Speech therapy.*

*In either of the above two cases, please check off "Not Applicable" and send it back.
Thank you.*

Not Applicable _____

PARENT COMPLETES (IF APPLICABLE):

My child receives speech therapy in the following settings. (check all that apply):

- _____ Private (at home)
_____ Therapy Center
_____ School based
_____ Other

The therapy is done (check all that apply)

- _____ Individually
_____ Small group (2 or more children at the same time)
_____ Push In (the therapist goes to relevant activity with the child to facilitate skills)

At Harbor Haven, my child will receive: (Check all that apply)

1. _____ The included Speech group that all 3-9 year olds receive as part of their program. (cost included in tuition)
2. _____ Speech therapy sessions that have been signed up for with Harbor Haven. (extra cost applies)

This is the way I would like my child to receive his/her speech therapy at Harbor Haven (check all that apply - complete only if #2 is checked off above.) *Please note: If you request a dyad, an appropriate peer must be available to pair your child with, otherwise individual therapy will be provided.

- _____ Individual
 _____ Dyad (2 children)*
 _____ Push In (therapist goes with child to relevant activity and facilitates only him/her)

Permission to provide information:

I herein give permission for _____, a speech therapist, to provide
 (therapist's name)
 relevant information about my child, _____ for the Harbor Haven summer
 (child's name)
 program.

Parent Signature: _____
Date _____

To the therapist: The above named student/client of yours will be attending our program this summer and will be receiving speech therapy services as indicated above. Your input below will greatly aid us in promoting a successful summer experience. Please use information you know about the student/client as well as his/her IEP speech goals/objectives (if applicable) when providing this info. Please feel free to attach any information that would be helpful as well.

Please return form no later than May 15th. You may scan, fax or email.

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Client/Student's Name: _____

Date: _____

Therapist's Name (Printed) _____

Therapist's Signature _____

Email _____

Speech and Language checklist

To help us better understand the communication style of the child listed above, we are requesting that you complete the checklist below and on the back. Please indicate yes, no or inconsistent (inc.) as appropriate. Feel free to attach any other information. Thank you.

Receptive Language

Uses appropriate eye contact

Able to process oral information

Needs repetition for greater understanding

Performs best with visual and verbal cues

Able to filter distraction

Able to control impulses

Able to deviate from routine

<u>Yes</u>	<u>No</u>	<u>Inc.</u>

Expressive Language

Greets peers/teachers appropriately

Participates freely

Makes verbal requests

Responds only when called on

Responds by gesturing

Responds in 1 word responses

Responds in short phrases

Responds in complete sentences

Uses proper word order

Formulates question

Makes off-topic comments

Calls attention to self with inappropriate behavior

Displays non-compliant behavior

<u>Yes</u>	<u>No</u>	<u>Inc.</u>

Speech/Voice/Fluency

Uses adequate vocal intensity

Is able to be understood easily

Avoids speaking

Displays dysfluencies

Possesses hearing loss

<u>Yes</u>	<u>No</u>	<u>Inc.</u>

While this checklist attempts to cover a wide variety of communication challenges, please provide us with specific goals for therapy that may be helpful. Be sure to include any ideas for group therapy or push in that would benefit this child. Use the back or attach a sheet, if you need additional space.

1. _____

2. _____

3. _____