

**As part of our school program, specialists will be in our classrooms. Each child will be screened by the speech language pathologist, occupational therapist and/or physical therapist and receive follow up assessments and intervention, if necessary.**

## **HERE IS WHAT THOSE SPECIALISTS DO...**

### **SPEECH LANGUAGE PATHOLOGIST (SLP)**

The SLP looks at the child's communication. The SLP may assess, consult and/or provide intervention to help with:

- Communication (listening, understanding, talking, interacting with others).
- Phonological Awareness as it relates to literacy.
- Saying speech sounds correctly.
- Fluency (stuttering).
- Voice (loudness, pitch and quality).

### **OCCUPATIONAL THERAPIST (OT)**

The OT supports the child to take part in everyday activities that are important to the child. The OT may assess, consult and /or provide intervention to help with:

- Independence (examples are dressing, toileting, eating, sleeping, bathing, brushing teeth, transitions and outings).
- Fine motor skills (examples are ability to hold a crayon and or/ use it to develop drawing skills or early kindergarten printing skills, crafts, puzzles, building with blocks, Lego).
- Play (examples are your child's ability to move their body, handle toys and interact with others).
- Early Learning skills (examples are attention for age, following routines)

### **PHYSIOTHERAPIST (PT)**

The PT supports the child to position and move their body for play and to get around in their home and community settings. The PT assesses and provides intervention to support:

- Motor development, strength, balance and coordination.
- Gross motor activities such as moving to standing, walking, running, jumping, etc.
- participation in play activities in your home and in the community.

January 2018

# PARENT CONSENT FOR SPEECH, LANGUAGE, OCCUPATIONAL and PHYSICAL THERAPY SERVICES

Child's Name: \_\_\_\_\_ Highlight one: Boy/Girl  
                             First  Last  
 Date of Birth: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_  
                             Month Day Year  
 Home Address with Postal Code: \_\_\_\_\_  
 Parents' Names: Mother: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
                             Father: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address \_\_\_\_\_

Did your child attend preschool where English was spoken?  
 \_\_\_ No \_\_\_ Yes How many years? \_\_\_ Which one? \_\_\_\_\_  
 Did your child attend a day care/day home/babysitter where English was spoken?  
 \_\_\_ No \_\_\_ Yes How many years? \_\_\_  
 Has your child seen a speech language pathologist, occupational therapist or other specialist? \_\_\_ No \_\_\_ Yes Who did they see? \_\_\_\_\_

**Please answer the following questions if there are 2 or more languages spoken in your home.  
 If English is the only language spoken at home, please go to the next page.**

\* Was your child born in Canada? \_\_\_ Yes \_\_\_ No in \_\_\_\_\_  
 \* They have lived in Canada for \_\_\_ years.  
 \* List the languages spoken in your home and how often you speak them...  
   What language? \_\_\_\_\_ How often? \_\_\_ all the time \_\_\_ most of the time \_\_\_ half the time \_\_\_ not often  
   Another language? \_\_\_\_\_ How often? \_\_\_ all the time \_\_\_ most of the time \_\_\_ half the time \_\_\_ not often  
 \* What language does your child speak the most at home? \_\_\_\_\_  
 \* What language does your child understand best? \_\_\_ English \_\_\_ Other \_\_\_\_\_  
 \* How has your child heard English? Please check all that apply...  
   Mother speaks English with this child \_\_\_ all the time \_\_\_ most of the time \_\_\_ half the time \_\_\_ not often  
   Father speaks English with this child \_\_\_ all the time \_\_\_ most of the time \_\_\_ half the time \_\_\_ not often  
 \* When you speak to your child in your native language, do they often answer in English? \_\_\_ Yes \_\_\_ No  
 \* Since birth, has your child heard your native language and also people speaking English (such as parents, other family members, books, TV or in the community places like stores, library, swimming or restaurants)? \_\_\_ Yes \_\_\_ No  
 \* When they started talking, were they speaking some English along with your native language? \_\_\_ Yes \_\_\_ No  
 \* Have you or other family members spoken some English, as well as another language with your child right from birth? \_\_\_ Yes \_\_\_ No  
 \* Were your child's first words in \_\_\_ English \_\_\_ both English & another language \_\_\_ another language  
 \* At what age did your child say their first words? \_\_\_\_\_  
 \* Do friends and extended family members (brothers, sisters, aunts, uncles, cousins) speak to your child in English? \_\_\_ All the time \_\_\_ Sometimes \_\_\_ Never  
 \* When playing with friends/family, what language is your child speaking? \_\_\_ English \_\_\_ Other \_\_\_ Both  
 \* Does your child watch TV in \_\_\_ English \_\_\_ All the time \_\_\_ Sometimes \_\_\_ Never  
 \* Do you read to your child in English? \_\_\_ All the time \_\_\_ Sometimes \_\_\_ Never  
 \* Does your child hear English when you are out in the community in places such as the grocery store, restaurants, movie theatre, swimming, soccer and/or play gym? \_\_\_ Yes \_\_\_ No  
 \* Does your child attend community activities such as swimming, tae kwon do or soccer where English is spoken? \_\_\_ No \_\_\_ Yes  
 List activities: \_\_\_\_\_

**Please sign the form on the next page...**

## **Parental Consent for Speech, Language, Occupational and Physical Therapy Services**

**I give permission for my child to receive services from the speech language pathologist, occupational therapist and/or physical therapist contracted by the school. This will include being screened by the speech language pathologist, occupational therapist and/or physical therapist and receiving follow up assessments and treatment, if necessary. I give my permission for the speech language pathologist, occupational therapist and/or physical therapist to request reports and information from my child's previous school, if needed. In addition, the speech language pathologist, occupational therapist and/or physical therapist may access information from my child's current school records and obtain information from other professional agencies, when required.**

**It is very important that you understand this form. If you require the help of an interpreter, please let the school know.**

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Signature of Parent or Guardian

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Date

January 2018