

Communication with Confidence

Speech Galore

Dear Parents and Families,

Welcome to Speech Galore and thank you for choosing us to work with you and your family. We are a team filled with passionate Speech Therapists, Speech Language Assistants, and Early Intervention Specialists.

We begin therapy by collecting baseline data and creating goals. During therapy sessions, we work on client goals and track progress over the months. Throughout sessions, we will send home various activities and strategies for you and your child to work on. Our goal is to improve your child's communication.

Please feel free to contact us if you have any questions or concerns. Thank you for choosing Speech Galore. We look forward to serving you.

Best Regards,

Kaitlynn Wallace M.S. CCC-SLP

☎ 916-533-1111

🌐 speechgalore@icloud.com

www.speechgalore.com



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Attendance Policy

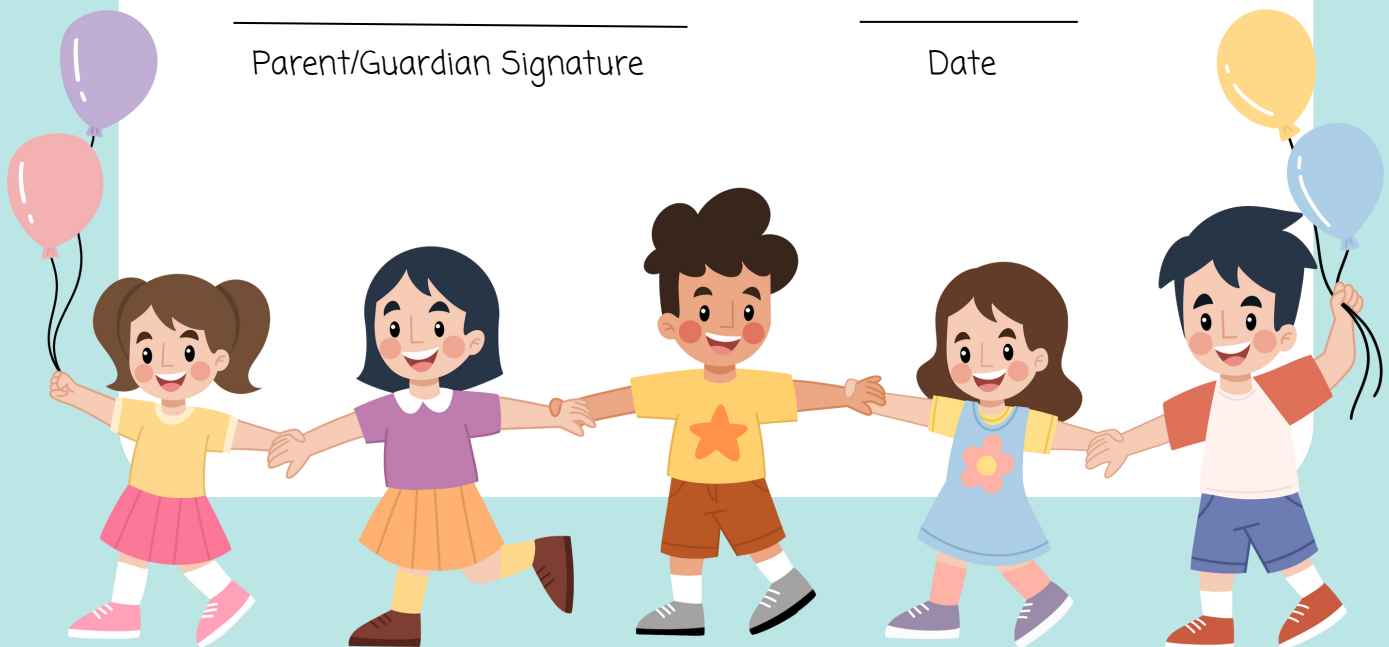
Regular, consistent attendance and participation is required in order for the therapeutic process to work. Please be flexible with scheduling. Your therapist will do their best to offer a convenient time to see your child.

Keep in communication with your therapist. If you have timing conflicts or need to cancel, call the office at (916) 533-1111 or email your therapist directly.

We ask that you notify us 24 hours in advance, but we understand that emergencies occur! Keeping your appointments ensures you keep your time slot.

Parent/Guardian Signature

Date



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Consent and Release Form

I agree to have my child, _____,
receive a speech and language therapy evaluation
and/or treatment.

I hereby authorize Speech Galore to obtain and/or
release pertinent information concerning _____
to Kaitlynn Wallace MS CCC-SLP.

It is my understanding that this information will not
be shared with any other entity without my prior
knowledge. I further acknowledge that the use of this
information is to ensure the best quality of care
possible for my child.

Parent/Guardian Signature

Date



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Speech Galore Agreement

I _____ have,

- read the HIPAA Information and Consent Form and understand the contents, and agree to abide by the policies and procedures as outlined and amended
- Additionally, I have read and agree to abide by the Code of Ethics of the American Speech- Language- Hearing Association (ASHA) reprinted in this packet

Parent/Guardian Signature

Date

Photography Consent

Our company likes to celebrate your child's work and achievements. As a result images of your child and his/her work may appear on our website and company instagram. By signing, this I grant permission for Speech Galore to take and use photographs and/or digital images of my child for use in printed and/or electronic publications or materials, and classroom displays.

Parent/Guardian Signature

Date

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Case History Form

Student Name:

Parent/Guardian Name:

Parent/Guardian Phone Number:

Parent/Guardian Email:

What are your main concerns?

What are your child's strengths and weaknesses?

Other pertinent information:

