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PREP SPEECH AND LANGUAGE SCREENING

Sunshine Harvester Primary School would like to run a Prep Language Screening program during the year. All Prep students will be seen by the Speech Pathologist at school.

If you would like take advantage of this service, please sign and return this form to the office.

If you would like more information about this service please contact the Principal.

Parent's Name: I _____, give permission for my son / daughter to receive Speech and Language screening.

Parent's signature _____ Date: _____

Name of Student: _____

Date of Birth: _____

Home Language /s: _____

I believe my child has Speech or Language difficulties Yes No

My child has previously seen a Speech Pathologist Yes No

Name of clinic/ hospital attended _____