



# UNITED HERZLIA SCHOOLS

## בתיה"ס המאוחדים הרצליה

### TEST FOR SPEECH, VOICE, & HEARING

BY A REGISTERED SPEECH & LANGUAGE THERAPIST AND AUDIOLOGIST

Dear Parents,

In order to serve the best interests of your child, the above service is offered to children at the HERZLIA PRE-PRIMARY SCHOOLS.

It is most important that any hearing and/or speech problem be detected as early as possible in order to rectify or monitor the situation effectively.

Thank you for kind co-operation.

Yours sincerely,

JOS HORWITZ  
EARLY CHILDHOOD EDUCATION DIRECTOR

NAME OF CHILD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CLASS TEACHER: \_\_\_\_\_

HAS YOUR CHILD HAD ANY EAR INFECTIONS? YES  NO

IS YOUR CHILD CURRENTLY RECEIVING SPEECH OR LANGUAGE THERAPY? YES  NO

IF YES, PLEASE GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby give permission for my child to be screened by the speech and language therapist and audiologist.

SIGNATURE: \_\_\_\_\_