



UNITED HERZLIA SCHOOLS

בתיה"ס המאוחדים הרצליה

TEST FOR SPEECH, VOICE & HEARING **BY A REGISTERED SPEECH & LANGUAGE THERAPIST &** **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 your 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, GIVE DETAILS: _____

I hereby give permission for my child to be screened by the speech and language therapist and audiologist and for the results of these tests to be discussed with the teachers.

NAME: _____ SIGNATURE: _____ DATE: _____