



As a service to parents, Wyckoff Christian Preschool and Kindergarten is offering speech screenings for children ages 3-5. These screenings will be done in the classroom during school hours.

Christina Langella MA CCC-SLP, a licensed Speech Pathologist, will be administering the screening at the cost of \$45 per child. She began her career working for Staten Island University Hospital where she provided Early Intervention (EI) services in client's homes and also worked with children in their outpatient clinic. She contributed her skill within a multidisciplinary team and learned the essentials of a collaborative approach working with occupational therapists, physical therapists, and speech therapists; as well as, case managers, social workers, and medical/legal professionals. She developed a keen appreciation for the EI process as it progresses from initiating services toward successfully providing a pathway to school age services. For the past 16 years, Christina has been a school-based speech pathologist in two Bergen County public school districts. Over the years, she has had a broad range of experience with preschool age through middle school age students and continues to work collaboratively as part of the child study team within her school district.

The cost of \$45.00 will cover the cost of the screening, as well as a brief written report describing your child's articulation.

If you would like to have your child's speech screened, please complete the following:

1. Fill in your **child's name and room color**. Be sure to sign below before placing the form in the envelope.
2. Place the form below and a check for \$45.00 for each child, **made payable to Christina Langella** in an envelope marked Speech Screening.
3. Place your envelope in the School Mailbox.

The school office will schedule a time and date for your child's speech screening. All screenings will be conducted during school hours. Please contact Rose Barrett with any questions.

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I would like to have Christina Langella administer a speech screening for my child:

Child's Name: \_\_\_\_\_ Room Color: \_\_\_\_\_ DOB: \_\_\_\_\_

Reason/notation for screening \_\_\_\_\_

I have enclosed my check for \$45.00 **made payable to Christina Langella**, and understand that this covers the cost of the screening which will be done during school hours and that I will receive a brief written report of my child's articulation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_