



**HARBOR HAVEN  
SPEECH THERAPY FORM**

In lieu of this form, a 2018-2019 school year IEP with Speech goals may be submitted.

Child's Name: \_\_\_\_\_

Child's age as of June 24, 2019: \_\_\_\_\_

**Parents:**

**This form must be completed if:**

1. *Your child is signed up to receive individual Speech Therapy at Harbor Haven this summer.*  
**And/or**
2. *Your child is age 3-9. All 3-9 year olds attend an included Speech group at Harbor Haven once/week. (if your child ages 3-9 does not receive any speech during the year just write your child's name below and check off 'not applicable')*

**This form does not have to be completed if:**

1. *Your child is age 10-15 and is not going to receive individual Speech Therapy at Harbor Haven.*
2. *Your child is age 3-9, but does not currently receive Speech therapy.*

**PARENT COMPLETES (IF APPLICABLE):**

My child receives speech therapy in the following settings. (check all that apply):

- \_\_\_\_\_ Private (at home)
- \_\_\_\_\_ Private (at Therapy Center)
- \_\_\_\_\_ School based
- \_\_\_\_\_ Other

The therapy is done (check all that apply)

- \_\_\_\_\_ Individually
- \_\_\_\_\_ Small group (2 or more children at the same time)
- \_\_\_\_\_ Push In (the therapist goes to relevant activity with the child to facilitate skills)

At Harbor Haven, my child will receive: (Check all that apply)

1. \_\_\_\_\_ The included Speech group that all 3-9 year olds receive as part of their program. (cost included in tuition)
2. \_\_\_\_\_ Speech therapy sessions that have been signed up for with Harbor Haven. (extra cost applies)

This is the way I would like my child to receive his/her speech therapy at Harbor Haven (check all that apply - complete only if #2 is checked off above.) \*Please note: If you request a dyad, an appropriate peer must be available to pair your child with, otherwise individual therapy will be provided.

- \_\_\_\_\_ Individual  
\_\_\_\_\_ Dyad (2 children)\*  
\_\_\_\_\_ Push In (therapist goes with child to relevant activity and facilitates only him/her)

**Permission to provide information:**

I herein give permission for \_\_\_\_\_, a speech therapist, to provide  
(therapist's name)  
relevant information about my child, \_\_\_\_\_ for the Harbor Haven summer  
(child's name)  
program.

**Parent Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**To the therapist:** The above named student/client of yours will be attending our program this summer and will be receiving speech therapy services as indicated above. Your input below will greatly aid us in promoting a successful summer experience. Please use information you know about the student/client as well as his/her IEP speech goals/objectives (if applicable) when providing this info. Please feel free to attach any information that would be helpful as well.

Please return form no later than June 1<sup>st</sup>. You may scan, fax or email.

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**Client/Student's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Therapist's Name (Printed) \_\_\_\_\_

Therapist's Signature \_\_\_\_\_

Email \_\_\_\_\_

Location where therapy is delivered \_\_\_\_\_

**Speech and Language checklist**

To help us better understand the communication style of the child listed above, we are requesting that you complete the checklist below and on the back. Please indicate yes, no or inconsistent (inc.) as appropriate. Feel free to attach any other information. Thank you.

**Receptive Language**

Uses appropriate eye contact

Able to process oral information

Needs repetition for greater understanding

Performs best with visual and verbal cues

Able to filter distraction

Able to control impulses

Able to deviate from routine

<u>Yes</u>	<u>No</u>	<u>Inc.</u>

**Expressive Language**

Uses assistive technology (please specify) \_\_\_\_\_

Greets peers/teachers appropriately

Participates freely

Makes verbal requests

Responds only when called on

Responds by gesturing

Responds in 1 word responses

Responds in short phrases

Responds in complete sentences

Uses proper word order

Formulates question

Makes off-topic comments

Calls attention to self with inappropriate behavior

Displays non-compliant behavior

<u>Yes</u>	<u>No</u>	<u>Inc.</u>

**Speech/Voice/Fluency**

Uses adequate vocal intensity

Is able to be understood easily

Avoids speaking

Displays dysfluencies

Possesses hearing loss

<u>Yes</u>	<u>No</u>	<u>Inc.</u>

**While this checklist attempts to cover a wide variety of communication challenges, please provide us with specific goals for therapy that may be helpful. Be sure to include any ideas for group therapy or push in that would benefit this child. Use the back or attach a sheet, if you need additional space.**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_