



Dear Parent(s)/Guardian(s):

If your child is unable to pronounce certain speech sounds and you would like to learn how to help them, we are pleased to offer you the **Getting Ready for Speech Practice** program (Articulation – Level 1). This program is designed to give parents / guardians the knowledge and skills to build awareness to get ready for the correct production of speech sounds.

Program schedule for the 2011 – 2012 school year.

Check the date that you will attend. Parents are to come **without their children**.

- Mar. 06, 2012 3:30 – 5:30 pm Prince of Wales Elementary – 253 Parkland Way S.E**
- May 03, 2012 4:00 – 6:00 pm Nellie McClung Elementary – 2315 Palliser Drive S.W**

During this program you will learn:

- The skills your child needs to be ready for speech therapy
- How to make speech learning fun
- How to add speech readiness activities into your day.

Parents, if you wish to attend, please do the following:

- check the date you wish to attend on the Registration Form (next page)
- return the Registration Form to the Resource Teacher at your child's school at least one week prior to the start of the program
- come to the school on the date you have chosen **without any children**. You will not receive any further confirmation from our program.

**If you have any questions about the program, please contact:
Marion D'Silva at (403)943-9529 or Jill Anderson at (403)943-9523**

Seats will be filled on a "FIRST COME FIRST SERVE BASIS"

The program will be cancelled 5 days prior to session date if not enough parents register.
Parents already registered will be notified by phone if their program is cancelled.

Regards,
School Speech and Language Services, Teams Southwest and Southeast



Getting Ready for Speech Practice Registration Form

A free program by: Alberta Health Services
School Speech and Language Services

Please check the date you (parents only) are attending.

- Mar. 06, 2012 3:30 - 5:30 pm Prince of Wales Elementary - 253 Parkland Way S.E
- May 03, 2012 4:00-6:00 pm Nellie McClung Elementary - 2315 Palliser Drive S.W

Name of your Child's School: _____

Name of Parent(s): _____ Phone #: _____

Name of Child: _____ Age of Child: _____

What sound(s) are you concerned about: _____

Has your child had a speech assessment? _____

(If yes, please bring the most recent speech report to the program.)

Parent's Signature: _____

Please keep the attached letter, checking off the date you are attending.
Return this completed registration form to your School Resource Teacher.

Your school will fax this form to our office (Fax#: 943- 9515)

****You are now registered. You will not receive further confirmation.***

Please come on the date you have chosen without your children.