

***Thank you for showing interest in our Apraxia Kids Speech Tablet Project. In order to ensure that we make the best decisions possible, we are asking you to fill out the attached paperwork. We also need you to share a portion of this paperwork with you child’s Speech-Language Pathologist (SLP). To help guide you in this process, the following will serve as a page reference guide:***

**Page(s) Document Who for**

*Pages 1 & 2 General Application Information Parent/Guardian*

*Page 3 Application Checklist Parent/Guardian*

*Pages 4 & 5 Frequently Asked Questions Parent/Guardian*

*Pages 6, 7, 8 Parent Application Form Parent/Guardian*

*Page 9 Authorization to Release Form Parent/Guardian fills out and gives to SLP*

*Page 10 Cover Letter for SLP SLP*

*Page 11, 12, 13 SLP Questionnaire SLP*

**SPEECH TABLETS FOR APRAXIA 2018**

**United States Application**

**2018 Application Deadline is:**

**Friday June 15, 2018**

Apraxia Kids will accept applications by postal mail or alternative mail carrier only (no exceptions). Emailed or faxed applications will not be considered.

**Eligibility Requirements**

* Child must be between the ages of 3 and 18 and a resident of the United States.
* Child must have a diagnosis of apraxia of speech from a speech-language pathologist and currently be in speech therapy.
* Child’s family must meet financial requirements for adjusted gross family annual income and submit documentation. (see below)
* Parent or legal guardian must fully complete the program application.
* A Speech & Language Evaluation report or current detailed Therapy Summary from a licensed Speech-Language Pathologist which substantiates that the child has apraxia of speech must be included.

**NOTE**: Evaluations more than 2 years old will not be accepted and Therapy Summaries must be dated within 3 months of the application date.

* Child’s CURRENT Speech-Language Pathologist must complete our questionnaire and a letter of recommendation.
* All required information must be submitted by mail carrier and POSTMARKED in one packet by the previously mentioned deadline.

**Financial Eligibility Information**

|  |  |
| --- | --- |
| **Household Size** | **Adjusted gross Income** |
| 2 | $49,380 or less |
| 3 | $62,340 or less |
| 4 | $75,300 or less |
| 5 | $88,260 or less |
| 6 | $101,220 or less |
| 7 | $114,180 or less |
| 8 | $127,140 or less |

**Proof of Income for all members of the household is required. Examples of acceptable income proof include:**

* Most recent tax return
* Copy of W-2 forms
* Copy of 1 month of most recent pay stubs

OR

* Other income information such as child support court order, SSI payment receipt, unemployment compensation documentation, etc.

**Priority Areas**

Each year we receive more applications than funds available and thus we must have priorities that we consider when all other factors are equal.

Priority factors in selection include:

* Children with severe apraxia
* Older children who continue to have significant speech and communication challenges
* Childhood apraxia of speech is the primary reason for communication impairment.

Children who do not meet these priorities may still apply and be selected .However, when all other factors are equal, the selection committee will rely on our priority areas above in the selection process. The decisions of the selection committee are final.

**New in 2018!**

Beginning in 2018, there will be two speech tablet options available: (1) an iPad with case and (2) the Tobii-Dynavox Indi with case and the Snap + Core First app installed. Your child’s Speech-Language Pathologist will play an important role in helping us determine the best option for your child. We reserve the right to choose which tablet to award, based on all of the information provided. All decisions are final.

**About Your Questions**

If you have questions regarding this application, please read the **Questions and Answers** provided in this packet. Due to the expected volume of applicants and our small staff, we are not accepting any phone calls regarding applications.

If you have a question that is not answered by reading the application packet, you may email this address:

[**speechtablets@apraxia-kids.org**](mailto:speechtablets@apraxia-kids.org)

The above email address is the only address to which you may send questions regarding the application. Email sent to other email addresses will not be answered. Postings on Facebook will also not be answered. Questions that are already answered in the application packet will not be answered again. **Please read the information in the packet fully.**

***DON’T FORGET***

**Be Sure to FULLY ANSWER ALL QUESTIONS THAT ARE ON THE APPLICATION!**

**SEND ALL REQUIRED DOCUMENTS!**

**Speech Tablets for Apraxia Application Checklist**

We HIGHLY recommend that you use this list to assure you have not forgotten any information that we require in order to consider your child’s awarding of a speech tablet. Leaving questions blank, having incomplete answers, or missing documents all mean that your application will be set aside and not considered. We will not contact you for missing information. Check and make sure you have everything included in your packet to mail to us!

\_\_\_\_\_ Completed, signed parent/guardian application (*Did you complete all questions*?)

\_\_\_\_\_ Parent letter

\_\_\_\_\_ Proof of income

\_\_\_\_\_ Copy of the most recent Speech-Language Evaluation or current detailed Therapy Summary, which documents your child’s diagnosis of apraxia of speech and any other speech, language, or communication disorder. Other reports will not be considered as a substitute (NOTE: Evaluations cannot be more than 2 years old and therapy summaries must be dated within 3 months)

\_\_\_\_\_ Authorization to Release Information Form, completed, signed and provided to your child's speech-language pathologist.

\_\_\_\_\_ Sealed envelope, with current SLPs signature across the back closing flap and that contains inside:

* Completed and signed Apraxia Kids SLP questionnaire from child’s current and active Speech-Language Pathologist
* Letter of recommendation on agency letterhead from the licensed Speech-Language Pathologist (SLP) who is **currently** and actively working with child (i.e. the child's primary SLP)

\_\_\_\_\_ Self-addressed, stamped envelope if you want acknowledgement that your application was received by the deadline.

**Mail all required documents and forms in ONE envelope to:**

**APRAXIA KIDS SPEECH TABLET PROJECT**

**1501 Reedsdale St., Suite 202**

**Pittsburgh, PA 15233**

**MUST BE POSTMARKED BY FRIDAY JUNE 15, 2018!!!**

**Speech Tablets for Apraxia**

**Questions & Answers**

**Can I call to ask questions about completing my application?**

***Answer:*** We are sorry, but no, you cannot call to ask questions about completing your application. Apraxia Kids is comprised of a very small staff to cover many programs and geographic areas and due to the expected volume of applications, we are unable to take phone calls. You may email your questions to: [speechtablets@apraxia-kids.org](mailto:speechtablets@apraxia-kids.org). Please read the application packet fully. We cannot respond to questions that are already answered within the application packet.

**If I applied for the project last year and was not accepted, do I have to reapply this year?**

***Answer:*** Yes. (Also, past recipient families are not eligible).

**Do I have to provide proof of income?**

***Answer:*** Yes – See “Financial Eligibility Information” on Page 1 for examples of acceptable income proof. Your materials will be protected and kept secure. We ask you to black out your social security numbers. All such documentation will be securely shredded after the project selection process is completed.

**Who can apply on behalf of a child?**

***Answer:*** Only a parent or legal guardian may apply on behalf of a child. No exceptions. SLPs are not permitted to apply for a child.

**What if I can’t get my child’s SLP to complete the SLP questionnaire and paperwork?**

***Answer:*** This would be very unfortunate, and we feel for your situation. However, your application cannot be considered without the required questionnaire and letter of recommendation from the child’s current SLP. We cannot reach out to your SLP to encourage them to fill out the forms.

**What do you mean by my child’s Speech and Language Evaluation report or current detailed Therapy Summary?**

***Answer:*** You must submit a complete speech/language evaluation report or current therapy summary by a speech-language pathologist or your child cannot be considered for a speech tablet. A proper speech/language evaluation written report typically includes a child history, test data and interpretation; clinical observations of the child’s speech/language which are elicited by the SLP during the assessment (or during therapy), a diagnosis, and future recommendations for therapy or treatment. A one page summary, for example, is not considered a complete speech and language evaluation report or detailed therapy summary. The speech and language written report may not be more than two years old and the therapy summary report must be dated within 3 months of application.

**Can I submit a letter or report from my child’s doctor, instead of a speech/language evaluation report, that states my child has apraxia of speech?**

***Answer:*** No.

**Can I submit a letter or report from my child’s neurologist, instead of a speech/language evaluation report, that states my child has apraxia of speech?**

***Answer:*** No.

**Is a school IEP with speech goals the same as a speech and language evaluation or therapy summary report?**

***Answer:*** No. Providing an IEP does not meet the requirement for a written speech-language evaluation or current therapy summary.

**What if I can’t get the child’s parent to complete the paperwork?**

***Answer:*** If you are an SLP you cannot apply for the Speech Tablet Project on behalf of a child with apraxia. A parent or legal guardian is the only individual who can apply for a child to receive a speech tablet.

**Can my child’s former SLP complete the information in the application?**

***Answer:*** No.

**What if my child is not in speech therapy and so does not currently have an SLP?**

***Answer:*** If your child does not have a current SLP and is not receiving speech therapy, you will be unable to complete the application packet and thus, we will not be able to consider the application. If your child is not currently in speech therapy, this project is most likely not a good fit for the situation.

**What if I am over the income levels but my income has changed from the documents provided?**

***Answer:*** You must still send in your most recent proof of income. There is a space in the application to provide information if your situation has changed. We suggest you provide evidence of the change in income. You may still apply for the project, but additional income verification will be requested in order to consider the application. We will notify you if we need additional information and what type. (Additionally, you should include documentation of current income via pay stubs, unemployment compensation information, etc. with your application packet.)

**Why might a child not be selected or is deemed ineligible?**

***Answer:*** A child might not be selected for a variety of reasons, such as those below:

* The family is over income per our income guidelines.
* No speech and language evaluation or current therapy summary written report diagnosing apraxia is included.
* No substantiation that the child’s primary speech concern is apraxia is given.
* The application is incomplete or there is a lack of adequate written reason from parents for requesting the speech tablet.

These are just some of the reasons that a child may be deemed ineligible or not be selected. Also, we simply have too many applications and must use our priority list to make a final selection.

**When will I find out if my child is picked?**

***Answer:*** Selected applicants will be notified. We are a very small-staffed organization and due to the volume of expected applications, we will be unable to provide explanations to those not selected. We will send a brief postcard to those not selected. The decision of our selection committee is final.

**Will the Speech Tablet come with apps already installed?**

***Answer:*** If your child is awarded an iPad, Apraxia Kids is providing the iPad only. It is the parents’ responsibility to furnish appropriate apps for their child’s iPad. The Tobii-Dynavox Indi comes with the Snap™ + Core First® App installed. Both come with cases.

***2018 Speech Tablets for Apraxia – Parent/Guardian Application Form***

**Please print legibly and complete all questions of this form completely. (If we cannot read your application or you did not fill it in completely, it will be disqualified)**

Child’s first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/legal guardian completing application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip/postal code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Age in years/months: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnosis:**

Approximately when was child diagnosed with Childhood Apraxia of Speech? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By Whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much of your child’s speech can be understood by an unfamiliar listener?

\_\_\_\_ None \_\_\_\_ 25% or less \_\_\_\_ 50% or less \_\_\_\_ 75% or less \_\_\_\_ Nearly all

My Child also has the following (Please check all that apply)

\_\_\_\_ ADD/ADHD \_\_\_\_ Anxiety

\_\_\_\_ Auditory Processing Disorder \_\_\_\_ Autism Spectrum/PDD

\_\_\_\_ Cognitive delay \_\_\_\_ Dysarthria

\_\_\_\_ Epilepsy \_\_\_\_ Expressive Language delay

\_\_\_\_ Learning Disability \_\_\_\_ Oppositional Defiant Disorder

\_\_\_\_ Receptive Language Delay \_\_\_\_ Sensory Processing Disorder

\_\_\_\_ Genetic Condition (Please list type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_ Other (Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

*(Continue to Page 7)*

**Communication**

Does your child use any form of augmentative alternative communication (AAC)? \_\_\_\_Y \_\_\_\_N \_\_\_\_Not Sure

If yes, what forms of AAC does your child use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child used an iPad or speech generating device before? \_\_\_Y \_\_\_N

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you personally used an iPad before? \_\_\_Y \_\_\_N

Do you own an iPad or other tablet device? \_\_\_Y \_\_\_N

Have you applied for an iPad from Apraxia Kids (formerly CASANA) in the past? \_\_\_\_Y \_\_\_\_ N

If yes, what year? \_\_\_\_\_\_\_\_\_

How will you identify appropriate “apps” for your child to use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Services**

Number of Speech Therapy sessions weekly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1:1, group, or consultative?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child’s current primary speech-language pathologist (SLP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SLP Phone No.: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SLP Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Information**

How many adults live in your household? \_\_\_\_\_\_\_\_\_\_

How many children are dependents in your household? \_\_\_\_\_\_\_\_\_\_\_\_\_

Household Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe any changed financial circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Continue to Page 8)*

**Tell us About Your Child**

**Attach a separate piece of paper** & tell us what you would like us to know about your child (handwritten or typed).

**Explain** why you want a speech tablet for your child at this time.

**THIS IS REQUIRED** and a very important document for us.

**Place your initials on the line beside each statement and provide requested signature.**

**I understand the following:**

\_\_\_\_\_\_ My submitted application does not guarantee that my child will be selected.

\_\_\_\_\_\_ My application must be POSTMARKED by the deadline noted or it will not be considered.

\_\_\_\_\_\_ All required information must be submitted or my application will be disregarded and not considered.

\_\_\_\_\_\_ If selected, I agree to sign an Equipment Donation Agreement. We ask that you write a thank you letter and provide a photo of your child with their speech tablet.

\_\_\_\_\_\_ If selected, I understand my child will receive either an iPad and protective case or a Tobii-Dynavox Indi with case and Snap™ + Core First® app.

\_\_\_\_\_\_ I am responsible for purchasing applications (apps) for use on the iPad.

\_\_\_\_\_\_ I am responsible for purchasing any extended warranties.

**I attest that all information provided in this application is true and accurate and that I fully understand the statements above.**

Parent/Guardian Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization to Release Information**

Childs Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**Instructions to Parent or Guardian**

**Place your initials by each bolded statement below,** on the line provided.

Complete the name and address listing the speech therapy practice or school that will share the information.

Print your name, provide your signature, and date this form.

Present this form to the Speech-Language Pathologist who will provide the information about your child to Apraxia Kids.

**Information to Be Release FROM: Information to be Release TO:**

­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization/Facility Apraxia Kids

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1501 Reedsdale, Suite 202

Street Address Pittsburgh, PA 15233

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State/Province, Zip/Postal Code

\_\_\_\_\_\_ **I authorize the organization listed above to release information as stated below from my child’s official records.**

\_\_\_\_\_\_ **I authorize the following information to be released:**

Information regarding my child’s speech diagnosis, speech therapy program, use of alternative or augmentative communication, home speech practice, other secondary diagnoses, how my child could use a speech tablet in speech practice or for communication support.

\_\_\_\_\_\_ I **understand the Purpose for this release information:**

This information will be used solely to determine appropriateness for my child’s participation in Apraxia Kids Speech Tablet Program.

**Signature of Parent/Legal Guardian**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Dear Speech-Language Pathologist,

You are receiving this letter and materials because the family of a child in your care is applying for the ***Speech Tablets for Apraxia*** project. The ***Speech Tablets for Apraxia*** project provides speech tablet and protective cases to selected children with a diagnosis of apraxia of speech from moderate to low income families.

This is the first year we have offered two speech tablets options - an iPad with case or a Tobii Dynavox Indi with case and the Snap™ + Core First® app installed. Both can be used for therapy practice and home carryover practice enhancement. As delivered, the Indi can serve as a speech generating device as well. The iPad would require a separately purchased app to transform it to a speech generating device. **We are relying on your opinion as the child’s SLP as to which device you feel is the most appropriate**. **We would appreciate it if you would not base this recommendation solely on your familiarity with the product.** We can provide resources to you for learning more about the Tobii Dynavox Indi and Snap™ + Core First®.

Only parents or legal guardians may apply for a child**. As part of the application process, the family will present you with an authorization to release information. Additionally, the family must have you**:

* **Complete a questionnaire, and**
* **Write a formal, personal letter of recommendation.**

Both of the above materials should be placed in an envelope, **securely sealed and with your signature across the seal on the back of the envelope.** You should then give the envelope to the family to mail with their application.

Additionally, families are required to submit a written speech and language evaluation (no more than 2 years old) or current therapy summary written report that is no more than 3 months old. The family may ask your help to locate a copy of the evaluation or therapy summary report. This report most often includes developmental history, evaluation test scores, clinical probes and observations, professional conclusions and a formal diagnosis of apraxia of speech. To fulfill the application requirements, only a speech-language evaluation report or detailed therapy summary is accepted. One page summaries, for example, are not accepted as a substitute. Reports from physicians, neurologists, or other professionals will not take the place of the required speech-language evaluation or therapy summary report.

**Without your help, the child will not be eligible for the program.**

We truly appreciate your cooperation, in advance, and thank you for helping this family to apply.

Sincerely,

Apraxia Kids

**Instructions to SLPs**: The parent or guardian should supply you with a completed and signed “Authorization to Release Information” form. Complete all information on the questionnaire below and place the completed, signed SLP Questionnaire in an envelope along with your “Letter of Recommendation.” Do not leave questions blank or the application cannot be considered.

***2018 Speech Tablets for Apraxia – Speech Language Pathologist Questionnaire***

**Name of SLP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Job Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:**

**City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State/Province:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip or Postal Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone No: (\_**\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of child applying:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently providing speech therapy to this child?** \_\_\_\_\_\_\_**Yes** \_\_\_\_\_\_\_**No**

**Does the child have a formal diagnosis of apraxia of speech identified in a speech and language evaluation report or current therapy summary?** \_\_\_\_\_\_\_ **Yes** \_\_\_\_\_\_\_ **No**

**With consideration that CAS requires an elicited speech sample for diagnosis, what are the specific speech characteristics of CAS that you observe in this child?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The child also has the following (check all that apply to the child):**

\_\_\_\_ ADD/ADHD \_\_\_\_ Anxiety

\_\_\_\_ Auditory Processing Disorder \_\_\_\_ Autism Spectrum/PDD

\_\_\_\_ Cognitive delay \_\_\_\_ Dysarthria

\_\_\_\_ Epilepsy \_\_\_\_ Expressive Language delay

\_\_\_\_ Learning Disability \_\_\_\_ Oppositional Defiant Disorder

\_\_\_\_ Receptive Language Delay \_\_\_\_ Sensory Processing Disorder

\_\_\_\_ Genetic Condition (Please list type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_\_ Other (Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Would this child benefit more from a speech practice tablet or a communication device? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In your professional opinion, which tablet do you feel would be best for this child?**

**iPad \_\_\_\_\_\_\_ or Indi \_\_\_\_\_\_\_**

**What do you estimate to be the severity of the child’s apraxia? (circle one of the below)**

Mild Mild to Moderate Moderate Moderate to Severe Severe Profound

**Does the child have another impairment or diagnosis that is primarily responsible for the communication difficulty?**

\_\_\_\_\_\_\_ Yes\_\_\_\_\_\_\_\_No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How frequently do you provide therapy to this child?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where do you provide therapy to this child?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe the child’s behavior and compliance with therapy:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe how family is involved in your speech therapy & home follow through of your goals:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe your experience using an iPad or Indi:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you used an iPad, Indi or any other AAC device in therapy with this child?** \_\_\_\_\_\_Yes \_\_\_\_\_\_No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I attest that all statement I have made above are accurate and true.**

**Name (please print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Speech-Language Pathologist Letter of Recommendation**

**Instructions to SLPs for Letter of Recommendation:**

All applications for the **Speech Tablets for Apraxia** project must include a letter of recommendation from a licensed Speech-Language Pathologist (SLP) who is **currently** providing therapy for the affected child. Professionals serving as distant consultants or who have served the child only in the past are not eligible to complete the letter of recommendation or the questionnaire. The child’s parent or guardian is to complete, sign, and provide to you an “**Authorization to Release Information**” form.

**Requirements for SLP Letter of Recommendation:**

* The letter must be on a professional practice, facility, or school letterhead.
* It is to the child’s advantage for you to describe in detail why you think this particular child should be provided with a speech tablet for speech practice or communication support.
* Provide any supporting information that would indicate that this child and family would be good candidates for the project and will be able to learn speech tablet usage.
* When possible, provide specific examples of why the family involvement and support is sufficient to enable the speech tablet to be a useful tool for the child.

**Please note: General or generic letters will not be helpful to the selection process**

Additional Instructions to complete Letter of Recommendation:

* After typing your letter, print it on your organization, practice or school letterhead, and sign it.
* Place the Letter of Recommendation in an envelope **along with the Apraxia Kids SLP Questionnaire**.
* **Seal** the envelope and **sign** your signature across the back flap of the sealed envelope.
* Provide the sealed envelope to the applicant’s parent or guardian so that they may return it with their completed application. **The parent due date for application is Friday June 15, 2018.**

**Please note:** *Without your cooperation in providing the information in a timely fashion, the parent or guardian will be unable to complete the application and, therefore, the child would not be considered in our selection process to receive a speech tablet.*

***We thank you in advance for your time and for supporting this child by completing your part of the process.***

