



KINGSGATE SPEECH, LANGUAGE & READING

SUMMER SERVICES 2020

The end of the school year is quickly approaching. The last official day of Speech, Language and Reading services is **Friday, June 19th**.

I am now planning for summer services. **The 4-week summer session will begin Tuesday, July 7th and continue through Thursday, July 30th.** Parents have the option of keeping their present schedule or requesting a new day and time. You may schedule your child from 1-3 times/week, Tuesday through Thursday. While some parents opt to take the summer off, others use this time to do something more intense. To help you plan, I have attached a ***Summer Services Request Form*** so that you may specify your preferred days and times.

Once I have all requests, I will do my best to establish a schedule that works for you. I do schedule based on seniority, so please be as flexible as possible. **Please return these forms to me no later than JUNE 1st if you wish your seniority to be honored.** You may return them to me after that date, but at that time, I will begin scheduling students from the waiting list and your requests may no longer receive priority status.

Please do not accept a scheduled time unless you can fully commit to attending. I am only able to take in a limited number of students and summer services are in high demand. **Once you agree to a schedule, you will be charged for those dates whether your child attends or not. I understand that illnesses do occur and if this happens, I will do my very best to reschedule your child for a make-up session though I cannot guarantee there will be a mutual time possible.** If your child misses a session for another reason, a make-up session will not be offered. So please plan accordingly and choose your dates carefully.

PAYMENTS

Parents will be given the option of making a single payment (due August 15th) or divide their payments into two (first payment due August 15th and second payment due September 15th).

SESSIONS

Sessions are 55 minutes. I do like parents to check in during the last 5-10 minutes so that we can share information or simply touch bases. Please arrive on time to drop your student off and return on time to pick up your child. However, I know the traffic as of late has been awful and delays are bound to happen. I would much rather you arrive safely so if this occurs, please relax and don't fret.

As I typically have another student scheduled immediately after, it is important that we limit our discussions at the end of our sessions. If you would like more time to discuss something with me, just let me know so we can schedule a time to talk more leisurely.

REMINDERS

Thank you for reminding your children to **walk quietly through the halls** in order to remain respectful of ongoing sessions in the building. Please help me remind the children to refrain from opening their toys from the toy basket until they are outside of the building. It is far too tempting to bounce balls, toss airplane gliders, and slap sticky hand toys on the hallway walls.

If you remain in the room while your child is being seen, please silence your cell phones and please ensure that your child's cell phone is silenced and put away as well.

Students may bring water bottles only. All other drinks and snacks should be stowed away.

If your child has a notebook, please remember to bring it with you for each session and if there has been recommended home practice, please make sure that you have done your best to complete this. For students who are receiving reading instruction, home practice is critical to your child's progress.

Please let me know if you have any questions about the summer session. I look forward to seeing each and every one of these students and I thank you for entrusting me with their care.

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2020 SUMMER SERVICES REQUEST FORM July 7th – July 30th

Child's Name _____

SUMMER SERVICES

Are you planning on continuing services at this clinic during the summer? (Please Circle One)

Yes No

Please list all dates your child is **not available** to attend therapy (camps, vacations, etc.).

How many days a week do you wish your child to attend? (Please Circle One)

1 2 3

What are the preferred days of the week you would like your child to attend? (Please Circle)

T W Th

Do you prefer Morning or Afternoon? (Please Circle One)

AM PM

Your preferred time of day: _____

FALL SERVICES

Do you plan to continue services in the Fall?

Yes No Not Sure