

# building blocks *of communication*

## **Building Blocks of Communication™**

The Building Blocks of Communication Parent Program is a four-session training course offered by Providence Speech and Hearing Center that provides parents and caregivers of children ages 0-5 years practical tools to help their children communicate. You will learn how to identify and use your child's strengths to motivate him/her to communicate more, use everyday activities as opportunities for your child to learn communication and language, and talk in a way that helps your child to understand and learn new language.



Topics addressed include: strategies for parent-child interaction, application of strategies in book-reading and play, and an overview of developmental milestones for communication. Bilingual language acquisition is also addressed.

The sessions include:

- 4 group sessions (up to 15 families, 2.5 hours each)
- Information on strategies and ideas for language activities at home

Parking will be validated. Please no children in the parent training session. However, childcare services may be available for children ages 18 months - 5 years old for \$25 cash rate per child per session depending on the level of interest.

Priority registration will be given to families with children ages 0-24 months who were premature (less than 32 weeks gestation) and/or with significant neonatal history (placement in NICU, assisted breathing, seizures). Families with children ages 24-35 months who are identified with a mild-moderate language delay by the Regional Center of Orange County will also be given priority enrollment.

Please complete the attached interest form and we will contact you for our next training. Thank you and we look forward to seeing you there.

Le Etta Vanderpool, MS CCC-SLP  
Lead Speech-Language Pathologist

**Building Blocks of Communication™  
Interest Form**

**Contact:** Le Etta Vanderpool, Lead Speech-Language Pathologist  
Providence Speech and Hearing Center  
1301 Providence Ave., Orange, CA 92868  
Phone: (714) 639-4990 x 251 / Fax: (714) 639-2593

**Name of Parent(s)/Caregiver(s):** \_\_\_\_\_

**Best contact Phone #:** \_\_\_\_\_ **Best Time to call:** am pm

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Primary language of the home:** \_\_\_\_\_

**Other languages spoken in the home:** \_\_\_\_\_

**Race/Ethnicity:** \_\_\_\_\_

**Was your child born premature? Yes No If so, how many weeks premature? \_\_\_\_**

**Does your child have a medical diagnosis? (ASD, Down Syndrome, etc) Yes No**

If yes, what is the diagnosis and approx. date of diagnosis? \_\_\_\_\_

**Has your child had**

**a) an audiological evaluation/hearing test? (please circle one) Yes No**

If yes, approx. date \_\_\_\_\_

Location: \_\_\_\_\_

What were the results? \_\_\_\_\_

**b) a speech-language evaluation? (please circle one) Yes No**

If yes, approx. date \_\_\_\_\_

Location: \_\_\_\_\_

What were the results? \_\_\_\_\_

**Anything else we should know about your child or family?**

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**Name and Agency of person filling out form (if not the parent):** \_\_\_\_\_