

**SPEECH AND LANGUAGE CENTER OF NORTHERN VIRGINIA**

1125 Savile Lane  
McLean, Virginia 22101  
FAX: (703) 356-2311

[www.dolleymadisonpreschool.org](http://www.dolleymadisonpreschool.org)

[www.slcnv.org](http://www.slcnv.org)

**Dolley Madison Preschool**  
(703) 356-1351

**Speech & Language Services**  
(703) 356-2833

## **Class-Based Speech-Language Program Description**

**Dolley Madison is an inclusive preschool and the speech-language pathologists are part of the classroom team. Your tuition rate will cover your child's direct speech-language therapy services, as well as other services and unique therapeutic opportunities which include the following:**

- Regularly scheduled direct therapy sessions, utilizing either our push-in or pull-out model. Typically your child will be seen on the same days each week and these days will be indicated on your child's goal sheet. During typical school weeks, our goal is to provide two 30 minute sessions of direct therapy.
- Frequent collaboration/consultation with the teacher and teaching team, to ensure that your child's learning potential is maximized within each part of your child's day. Informal collaboration happens spontaneously throughout the week. Formal collaboration happens with each team during monthly team meetings. Every part of the day provides a unique opportunity for your child to practice and refine his/her communication skills. Because the teachers are aware of your child's goals, these opportunities are optimized.
- An inclusive therapeutic approach that is unique because it allows SLPs to get to know not only your child, but also the dynamics of the classroom environment and your child's peers in order to help him/her function better within a real setting (not just in a therapy room).
- The opportunity for your child to practice skills with his/her peers in a natural class-room setting or with a peer in a smaller group.
- Follow-up screenings or evaluations are completed as necessary or as requested.
- Written feedback in the form of goals, session notes, and bi-annual progress reports are provided.

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**Class-Based Speech-Language Program Information and Absence Policy**

While the Speech and Language Center offers the convenience of paying in monthly installments, these monthly installments should not be viewed as “monthly session rates.” The nine month tuition rate has been established with consideration of scheduled school holidays and snow days. The number of school days varies from month to month and therefore the number of direct therapy sessions will also vary each month. It is not possible to provide make-up sessions for those missed due to holidays, snow days, and field trips. We understand that illnesses are unpredictable and unavoidable, but due to scheduling constraints they are also difficult to however we will make-up up to two sessions due to a child’s illness before the end of the school year. We ask that you do not bring your child to school when he/she is sick just to receive SL therapy, as it puts the therapist and other students at risk of becoming sick.

**Class-based speech-language policy concerning missed speech and language sessions is as follows:**

1. Sessions missed due to child’s vacation/out of town travel/or other absence not due to illness will not be made up.
2. A maximum of two (2) sessions per school year (9 months) will be made up when the absence results from the child’s illness. The make-up session will be provided by the therapist at her earliest convenience (but may not be the following week).
3. Sessions missed due to holidays and snow days will not be made up.
4. If a school field trip is scheduled during a regularly-scheduled session, parents must notify the therapist in advance if they wish to have the session in lieu of the field trip. If parents do not notify the therapist in advance, sessions missed due to a child attending a field trip (including “in-school” field trips) will not be made up.

**We are very pleased that your child will be participating in the inclusive experience at Dolley Madison Preschool! We ask that you sign this form to indicate that you understand and are in agreement with our class-based model and policies, and return it to the front office when your first month payment is made.**

I understand and agree to the Class-Based Speech-Language Program Information and Absence Policy.

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature