

Meet The Speech-Language Pathologist Christina Cahill-Longo, M.S., CCC-SLP



I'm a state-licensed and ASHA-certified pediatric speech-language pathologist, orofacial myologist, feeding specialist, and owner of my own private practice, Verge Therapy. I have over 16 years of experience helping children and families grow in confidence and communication. I graduated from Nova Southeastern University and have experience working in acute medical settings, private schools, and private practice. I have also been blessed to be part of the PCA family for the past 9 years.

I am passionate about providing fun and engaging therapy that helps children reach their full potential in speech, language, feeding, and myofunctional development. My approach combines clinical knowledge with compassion, encouragement, and connection because I believe every child is capable of growth when given the right support.

Having personally experienced the world of early intervention and therapy within my own family, I understand both the professional and personal side of this journey. My goal is not only to help my clients meet their goals, but also to help them build confidence, feel successful, and know they are capable of doing hard things.

When I'm not working, I love traveling and spending time with my amazing husband and our three wonderful children.

Frequently Asked Questions: Speech Therapy at PCA

1. What is speech therapy?

Speech therapy is a service that helps children develop and improve their speech, language, feeding, myofunctional and communication skills. It can address issues such as articulation, fluency, voice, facial development and receptive/expressive language disorders.

2. How do I know if my child needs speech therapy?

If your child is struggling with speech clarity, understanding or using language, social communication, mouth breathing, or if their teacher has noticed any concerns, it may be beneficial to seek an evaluation from a speech-language pathologist (SLP). If you are unsure if your child needs speech therapy, a screening may be requested to briefly assess speech and language developmental milestones and to determine if further evaluation is needed. The screening has a fee of \$50 which will be applied to a full speech language evaluation if it is deemed as necessary. You can schedule a screening by contacting Christina Longo, christina.longo@ilovepca.com

3. How is speech therapy provided at PCA?

Speech therapy sessions are conducted on-site during school hours. Our licensed speech-language pathologist works one-on-one or in small groups (no more than two students) to target their specific needs. Sessions typically take place during specials to reduce missed academic class time.

4. Is speech therapy included in tuition, or is there an additional cost?

Speech therapy is offered as an additional service and is privately paid. It is not included in the standard school tuition. Fees for therapy sessions are billed directly to your FACTS account or via Verge Therapy for reimbursement from Unique Ability Step Up.

5. What are the costs associated with speech therapy?

A comprehensive evaluation is \$250 which is billed upon completion of the evaluation. Therapy services are \$60 per 1/2 hour.

6. How do we pay for speech therapy?

Speech therapy services are billed monthly per the number of sessions your child was seen. We do not accept insurance at this time. We highly encourage you to look into the Step Up/Family Empowerment Scholarship to assist with the funding (<https://www.stepupforstudents.org>). If your child is under the age of 3, we recommend contacting Early Steps for the possibility of free therapy services (www.floridaearlysteps.com).

7. How long will my child need speech therapy?

The duration of therapy depends on the individual needs of your child. Some children may require short-term intervention, while others may benefit from ongoing support. Progress is monitored regularly to adjust the treatment plan as needed.

8. How do I schedule an evaluation or begin services?

You can schedule an initial evaluation by contacting Christina Longo, christina.longo@ilovepca.com. After the evaluation, we will discuss the findings and recommend a therapy plan if appropriate.

9. What happens if my child misses a session?

We understand that occasional absences are unavoidable. Please notify Christina Longo as soon as possible if your child will miss a session, and she will attempt to reschedule.

10. How will I be notified of my child's progress in speech therapy?

The speech therapist will contact quarterly at the least to discuss your child's progress either via text, phone call, or email. You are more than welcome to reach out more frequently if you would like information sooner. Please feel free to text or call the speech therapist.

Consent for Speech Screening



Dear PCA parent(s)/guardian(s),

A speech and language screening has either been requested for your child by a teacher and/or by a parent/ guardian. The screening is a overview of the development of language, articulation, connected speech, social/interpersonal, fluency, myofunctional development and voice based on the child's chronological age. This brief assessment will take about 30 minutes and will happen on campus during a time that works best for both the teacher and speech language pathologist (SLP). There is a fee of \$50 for the screen which will be applied to the fee of a full speech-language assessment if deemed necessary. The SLP will notify you if any further assessments/intervention is warranted.

Please sign and return this form to your child's teacher.

Child's name: _____ Date of birth: _____

Teacher's name: _____ Parent's name: _____

E-mail: _____ Phone Number: _____

Please explain any speech/language development concerns you may be having:

Parent's signature: _____

Date: _____

Sincerely,

Christina Cahill- Longo, M.S., CCC-SLP

Pediatric Speech-Language Pathologist

Orofacial Myologist and Feeding Specialist

Consent for Speech Therapy



Dear Parent(s)/Guardian(s),

Thank you for your interest in speech-language therapy services. I look forward to partnering with you to support your child's communication growth and overall success. Please carefully review the following information regarding speech-language services provided through Potential Christian Academy and/or Verge Therapy.

Your initials and signature are required prior to the initiation of services.

Please return signed paperwork to Christina Cahill-Longo at christina.longo@ilovepca.com

1. SERVICES AND FEES

Speech-language therapy services will be provided based on the frequency and duration recommended following screening, assessment, and/or clinical judgment according to your child's individual needs.

A comprehensive speech-language evaluation fee of \$250 will be billed through FACTS or directly through Verge Therapy depending on the use of Step Up/Unique Abilities scholarship funding.

Therapy services are billed at a rate of \$60 per 30-minute session and will be billed monthly through FACTS or Verge Therapy depending on scholarship funding arrangements.

Families are financially responsible for all services rendered regardless of scholarship reimbursement, approval status, delays, denials, or exhaustion of scholarship funds.

Students will not be billed for therapist-canceled or student-absent sessions. While reasonable efforts may be made to provide make-up sessions when feasible, make-up sessions are not guaranteed due to scheduling limitations, school calendars, holidays, student absences, staffing, testing schedules, field trips, illness, or unforeseen circumstances.

Services may occur individually, in small groups, within the classroom setting, or through a combination of service delivery models as deemed clinically appropriate.

I understand and agree to the above statements regarding services, billing, and financial responsibility.

INITIAL HERE: _____

2. SPEECH-LANGUAGE PATHOLOGY ASSISTANT (SLPA) SERVICES

Speech-language therapy services may be provided in whole or in part by a certified Speech-Language Pathology Assistant (SLPA) operating under the supervision of Christina Cahill-Longo, M.S., CCC-SLP, in accordance with Florida state regulations and professional guidelines established by the American Speech-Language-Hearing Association and the Florida Board of Speech-Language Pathology.

The supervising speech-language pathologist is responsible for evaluation, treatment planning, goal development, progress monitoring, supervision, and overall management of your child's speech-language therapy program. The SLPA may assist in implementing therapy sessions and documenting progress under the direction and supervision of the supervising speech-language pathologist.

By signing this agreement, you acknowledge and consent to your child receiving services from a supervised SLPA as part of their speech-language therapy program.

INITIAL HERE: _____

Consent for Speech Therapy



3. COMMUNICATION AND COLLABORATION

To support your child's progress, communication may occur between the speech-language pathologist and individuals directly involved in your child's educational or therapeutic care, including teachers, school administration, educational staff, related service providers, and therapists, when deemed educationally or clinically appropriate.

Information shared will be limited to relevant educational, behavioral, therapeutic, and functional needs necessary to support your child's success in the school environment.

I understand and consent to professional collaboration regarding my child's speech-language therapy services.

INITIAL HERE: _____

4. MEDIA CONSENT

Photos and/or videos may occasionally be taken during therapy sessions for parent communication, educational purposes, progress monitoring, therapist training, or promotional/social media purposes. Please select ONE of the following:

___ I GIVE permission for photos/videos of my child to be used for parent communication, educational materials, school-related communication, and/or social media platforms associated with speech-language therapy services and/or PCA.

___ I DO NOT GIVE permission for photos/videos of my child to be used for social media or promotional purposes.

Please note: photos/videos used for parent communication or progress updates may still be utilized internally for therapeutic documentation purposes.

INITIAL HERE: _____

5. RELEASE OF LIABILITY

Speech-language therapy outcomes vary based on numerous factors including attendance, participation, home practice, medical history, developmental factors, and consistency of intervention. No specific guarantees regarding progress or outcomes have been made or implied.

The parent/guardian understands that therapy recommendations are based upon professional clinical judgment and agrees to hold harmless Christina Cahill-Longo, M.S., CCC-SLP, Verge Therapy, and Potential Christian Academy from claims, liabilities, or damages arising from participation in speech-language therapy services.

INITIAL HERE: _____

I, _____, parent/legal guardian of _____, hereby authorize Christina Cahill-Longo, M.S., CCC-SLP, and/or Verge Therapy to provide speech-language therapy services for my child through Potential Christian Academy.

By signing below, I acknowledge that: * I have read and understand the information contained in this agreement.* I understand the financial responsibilities associated with services.* I consent to evaluation and treatment services for my child.* I understand that therapy recommendations are based upon professional clinical judgment.* I voluntarily agree to the terms outlined above.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

Phone Number: _____

Email Address: _____