INVESTMENT MEMO · 2026

LOGO+ — pre-seed, $300K.

An adaptive speech-development pathway for families with children 2–6. The case, the plan, and what we don't know yet.

Round Pre-seed · $300K **Stage** Planned MVP · founder-funded

Traction Customer discovery — no product, no revenue

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01 The opportunity

About 1 in 10 children aged 3–6 has a speech, language or communication difficulty. The specialist workforce can't absorb demand, and families are left to "practise at home" with no plan for the days between visits.

LOGO+ is a **pathway, not a library**: one personalized activity a day, adapted to the child's progress. It is built on a professional framework and designed to support speech-language professionals, not replace them.

We are raising **$300K** to turn a working MVP into a validated, adaptive product — proving engagement, retention and willingness to pay before any scaled go-to-market.

02 Problem

~1.6M

U.S. CHILDREN 3–6

reported speech / language disorder — CDC / NCHS, 2012 · 10.8%.

~40%

NO INTERVENTION

of affected U.S. children, past year — CDC / NCHS NHIS, 2012.

79%

OF SCHOOL SLPS

report more openings than seekers — ASHA, 2024.

Care has moved into the days between appointments; families have no system for them. Progress stalls, and parents guess.

03 Solution & product

Every activity helps decide the next one.

01 Child profile / baseline

02 Today’s personalized activity

03 Parent + child practice — child-led

04 Performance & progress signals

05 AI-supported interpretation

06 Next activity selected / adapted — the loop repeats

Others provide content. LOGO+ guides progression. The adaptive layer is a planned MVP capability, to be validated with clinicians and families.

04 Why now

SLP capacity constraints

The specialist workforce cannot absorb demand. Families wait; practice stalls between visits.

Support has moved between sessions

Care increasingly happens between appointments — with no system for the days in between.

AI + speech technology

Content can now move from static libraries toward progression that adapts to each child.

05 Market

~535M
children 3–6 worldwide — UN WPP 2024

×

~10%
prevalence proxy

→

~50M
LOGO+ extrapolation, not a published figure

Bottom-up U.S. model: ~1.6M children × ~$234/yr planning ARPU ≈ ~$375M need-based value — an internal model, not a published TAM. Illustrative: 10,000 paying families ≈ 0.6% of the U.S. pool → ~$2.34M ARR.

Initial validation market: Ukraine. Direct access to families and speech professionals, faster iteration, a real early-user base. A starting point, not the ceiling.

Long-term: English-speaking markets + selected CEE. No immediate U.S. launch.

External evidence

- U.S. ages 3–6: 10.8% ≈ 1.6M — CDC / NCHS NHIS, 2012; reaffirmed NIDCD, 2025.
- Intervention gap: 59.8% received services → ≈ 40% did not — CDC / NCHS NHIS, 2012.

LOGO+ internal model

- Planning ARPU $19.50/mo → $234/yr (70%×$15 + 20%×$25 + 10%×$40) — assumption, to be validated.
- ~1.6M × $234 ≈ ~$375M need-based value; illustrative 10k families → ~$2.34M ARR.

06 Business model

Recurring subscription. Blended monthly ARPU is a planning assumption of $19.50 (mix 70 / 20 / 10) — not observed behavior. We are not claiming a validated LTV/CAC; that is what the pre-seed is for.

DIRECT TO PARENT

Basic

$15/mo

The daily pathway and one adapted activity a day.

DIRECT TO PARENT

Personalized

$25/mo

Deeper personalization; a fuller progress view.

THERAPIST-CONNECTED

AI + Therapist

$40/mo

Home practice linked to a therapist's goals, progress shared back.

07 Competition

Others provide content. LOGO+ guides progression.

	ONE SPECIFIC NEXT ACTIVITY	ADAPTS TO CHILD PROGRESS	THERAPIST-CONNECTED	CLOSED HOME–PROFESSIONAL LOOP
Speech Blubs / Pro	Partial	No	Yes	Partial
Otsimo Speech Therapy	Yes	Partial	No	No
Kokolingo	Yes	No	Partial	Partial
Articulation Station	Partial	No	Yes	Partial
LOGO+ — planned MVP	Yes	Yes	Yes	Yes

Competitor capabilities per publicly described features.
The LOGO+ row is a planned MVP, not shipped features.

08 Go-to-market

Start where trust already exists. No paid acquisition at scale before the product is validated.

01 SLP pilots + trusted parent communities

02 First families

03 Validate engagement + retention

04 Test willingness to pay

05 Validate acquisition channels

06 Scale proven channels

09 Team

Olga Kuno

CO-FOUNDER, PRODUCT

Lived the problem; product and partnerships.

Max Kuno

CO-FOUNDER, CEO

10+ years leading companies and startups; operating model and scale.

Inna Kuprikova

LEAD SPEECH & LANGUAGE EXPERT

15+ years in speech therapy; 300+ activities designed.

Technical Co-Founder

ADAPTIVE ENGINE

Named to investors under NDA; public at pre-seed close.

10 The ask — $300K pre-seed

To turn a working MVP into a validated, adaptive product. Self-funded MVP → initial validation → $300K pre-seed.

- Product + AI — **$135K · 45.0%**
- Leadership + Ops — **$55K · 18.3%**
- GTM + Market Validation — **$45K · 15.0%**
- Privacy + Infrastructure — **$35K · 11.7%**
- Clinical + Validation — **$30K · 10.0%**

Product + AI ($135K) — not the base MVP (founder-funded). The next technical stage: adaptive personalization, progress interpretation, recommendation / adaptation logic, iteration from pilot data, relevant speech technology, scalable infrastructure.

GTM + Market Validation ($45K) — acquisition experiments, early pilots, partnerships, willingness-to-pay testing, channel validation, early CAC / payback learning. Not large-scale advertising before product-market fit.

12-MONTH PLAN

- **Deepen.** Product + adaptive AI.
- **Prove.** Engagement, retention, willingness to pay.
- **Prepare to scale.** Repeatable GTM + international expansion path.

11 Risks & what we don't know yet

- **No product, no revenue.** This is customer discovery, not traction. Everything on this page is a plan.
- **The adaptive layer is unproven.** Whether AI-supported interpretation beats a strong static rule set — and by how much — is an open question.
- **Pricing is unvalidated.** $15 / $25 / $40 and the 70 / 20 / 10 mix are assumptions with no paying customers behind them.
- **Key-person risk.** The technical co-founder is engaged under NDA, not yet closed; the clinical framework depends on one lead expert.
- **Regulatory.** COPPA / GDPR must be implemented and audited before a family launch; child-data handling raises the bar.
- **Market sequencing.** Ukraine-first is a deliberate constraint; English-speaking expansion is unproven and unscheduled.

12 Sources & methodology

TOPIC	SOURCE · YEAR · POPULATION	LIMITATION
Prevalence (~1 in 10)	CDC / NCHS NHIS — 10.8% U.S. children 3–6 (2012; Data Brief 205, 2015; reaffirmed NIDCD, 2025). RCSLT (UK) — >10% with SLCN.	No 2020s U.S. survey isolates this age band; convergent estimate. 2012 data parent-reported.
Intervention gap	CDC / NCHS NHIS, 2012 (Data Brief 205, Fig. 5)	Parent-reported; 2012 survey.
SLP workforce	ASHA, Schools Survey · 2024	Self-reported by respondents.
Global child population	UN Population Division, WPP 2024 · ages 3–6	Model-based estimate.
Global DD context	WHO–UNICEF, Global Report on Children with Developmental Disabilities · 2023	Broad umbrella — not speech-specific.
Pricing / ARPU / mix	LOGO+ internal planning · 2026	Assumption, not validated; no customers.
Market model	LOGO+ bottom-up (population × ARPU) · 2026	Internal model, not a published TAM.
Global estimate	LOGO+ calc: UN WPP 2024 × ~10% proxy; rounded to ~50M	Extrapolation; not a published worldwide count.

Navy = external evidence. Amber = internal planning assumption.

logoplus.net · Olga@logoplus.net