

For Office Use Only: Date Received _____

Parent called _____ (date) by _____ (staff member)

Message: _____

Status: _____

Request for Summer Services: Hamaguchi & Associates 2009 Pediatric Speech-Language Pathologists

Today's Date: _____

Child's Name _____ Age _____

Parent(s) Name _____

Address _____

Email address _____

Phone Number _____

Best way to reach you during business hours _____

Does your child have a diagnosis? Yes _____ No _____

If yes, what is the diagnosis? _____

Has your child-or a sibling- ever received services of any kind with our practice? ___ No
___ yes If so, when? _____ Who was the treating speech pathologist? _____

Whom should we thank for this referral? _____

What to do:

Please read the information about our assessment program and/or therapy, as well as our office policies, which are different for the summers, and less flexible than the academic year. We often have a waiting list for after-school and evening appointments. If your child is able to attend appointments before 2pm, there is a much better chance of us being able to offer an appointment. **The summer program runs from June 15th- August 21st.**

Please note: Sessions after 3pm are 45-60 minutes in length only-30 minute sessions are only available before 3pm, unless for Fast ForWord follow-up. We know that in general, children do best with a loving environment, stimulating choices of toys and activities, lots of positive reinforcement, encouragement, and sometimes need coaching to do their best and stay on task. However, because our therapy is fairly structured and adult-directed, some children are not a good fit for our program. In order to participate in our program, your child should be able to sit and cooperate and attend to the instruction to some degree, for at least a few minutes at a time.

**Children who are resistant to any direct intervention, have frequent tantrums, scream, run away, kick/hit, etc., are not an appropriate candidate for our services. At this point in their development, children with these issues often require more "room to move," a more intensive behavioral approach, and sometimes a combination occupational therapy/speech therapy setting. As we do have toys and games in view, please also be aware that if your child requires a room that is fairly stripped down, this practice is most likely not a good match for your child.*

Please fill out this form and return it to our office.

- A. Please include a short note (1-2 pages, max, please) on a separate sheet of paper, "What We Want You to Know About Our Child" including information about your child's personality, your concerns, observations and reasons for seeking an assessment and/or therapy at our office. A picture of your child is welcome, too.
- B. Fax it, drop it off, or mail this form, plus your letter, to our office:

Hamaguchi & Associates: Attn: Scheduling
2011 Stevens Creek Road #145, Cupertino, CA 95014
Phone (408) 366-1098 ext 3# Fax: (408) 366-1011

E. We will review your child's case and see if there is an appropriate match for your child's need and your availability. In general, you should hear from us within 3-5 business days. If you do not, please call our office. If there is an opening that is compatible for your child, you will need to fill out additional paperwork (e.g., Patient History, registration forms) and provide a deposit to hold the appointments. *Please do not send any money with your application at this time.*

This information will help us determine if we have a staff member with an opening that can meet your child's needs.

What services are you requesting to be scheduled?

_____ **Assessment**

Please read the information about our assessment process, including our fees and scheduling process prior to submitting this form. Please tell us why you would like an assessment for your child at this time (concerns, etc.) _____

I would like the following type of assessment:

- ____ Screening (For preschoolers/toddlers to determine if a full assessment is necessary) \$117 **Applied to a full assessment if scheduled within 3 months
- ____ Articulation Screening (for 1-2 sound errors or possible developmental errors) prorated for time spent; typically 45 minutes: \$117
- ____ Articulation/Oral-Motor Assessment \$475
- ____ Stuttering Screening \$117
- ____ Birth-2 years comprehensive speech-language assessment \$850
- ____ Age 3 and up comprehensive speech-language assessment (without auditory skills component) \$1000
- ____ Age 6 and up (with auditory skills component) \$1275

_____ *** Therapy**

Please be reminded that we require a written assessment report from a speech-pathologist no older than 11 months before beginning a therapy program at our office. It can be from a school speech-pathologist (such as found on an IEP) or a private speech pathologist, including our office. If you do not have one to give to us, we will not be able to schedule your child.

Please help us understand your child's needs better by checking off all the areas below which are currently a concern:

- Articulation (pronouncing words more clearly) _____
- Oral muscle strengthening and coordination _____
- Learning to talk (non-verbal child) _____
- Learning how to point to pictures or objects _____
- Understanding basic concepts _____
- Speaking in grammatically-correct sentences _____
- Learning how to ask questions _____
- Learning how to answer questions when asked _____
- Learning how to follow directions _____
- Learning how to say more words (child is using just a few words) _____
- Learning how to put phrases and sentences together _____
- Listening to a story and being able to answer questions about it _____
- Learning to tell what happened, retell a story _____
- Stuttering/ Dysfluency _____
- Auditory processing (understanding what is said) _____
- Auditory development due to hearing loss _____
- Auditory Memory (remembering what was said) _____
- Phonemic Awareness Development _____
- Expressive language for higher level tasks (explaining, describing, re-telling) _____
- Social Language/ Pragmatics/relating to other children _____

**We currently do not have anyone on staff who handles feeding, voice disorders, AAC devices, or severe cognitive/muscular/behavioral disorders

Other _____

Which best describes your child?

Please check all that apply. This information is helpful for us in deciding if your child is an appropriate candidate for our practice as well as matching him/her with the right speech pathologist that is best suited for his/her personality and learning style.

- _____ Is difficult to engage in structured activities
- _____ Very active, but can be motivated to stay on task
- _____ Very active, and can be challenging to keep focused
- _____ Fairly quiet and sensitive; a little shy
- _____ Outgoing, personable, and very sociable
- _____ With the right motivation and choice of activities, can be focused
- _____ An enthusiastic participant in adult-directed activities
- _____ Variable, sometimes focused and cooperative, other times can be off-task
- _____ Attends easily, and is usually cooperative
- _____ Is not happy about the prospect of coming for speech therapy or an assessment
- _____ Sometimes anxious and needs someone with a gentle, sweet personality
- _____ Can be strong-willed/controlling and needs someone with a firm and authoritative personality
- _____ Cries, screams or is easily upset if not given what he/she wants
- _____ May try to run away, crawl under the table or refuse to cooperate
- _____ May have difficulty separating from parent
- _____ Has difficulty attending for a full 20 minutes
- _____ Can attend for 20-30 minutes at the most
- _____ Can attend for up to 45 minutes at the most
- _____ Can attend for up to 60 minutes at the most

1. INDIVIDUAL THERAPY: How many sessions per week do you wish to schedule? _____ (minimum of 45-60 min per week required; children participating in Fast ForWord only are required to schedule at least one 30-minute follow-up session per week)

2. How long for each session?

_____ *30 minute individual sessions typically available before 2pm M-F only (\$78) **at least 2 sessions per week required, unless participating in Fast ForWord**

_____ 45 minute individual sessions (\$117) _____ one hour (\$156)

3. Do you have a preference for which speech pathologist works with your child?

_____ If your child's SLP is on vacation or ill, are you agreeable to having a covering SLP from within the practice see your child instead? _____

Please attach a separate piece of paper with your scheduling needs if they vary from week to week

4. Days your child is available (please circle): Monday Tuesday Wednesday Thursday Friday

5. Times your child is available (please check all that apply): _____ early morning _____ late morning
_____ early afternoons _____ mid-afternoons _____ late afternoons _____ early eves. (available Monday only)

6. GROUP THERAPY: Are you interested in a social language group for your child? Yes No

Groups are used to teach children how to understand and use language (verbal and body language) in an age-appropriate manner in a playful and fun environment with their peers. They are generally conducted on Monday and Wednesday afternoons. What days/times is your child available for a group?

Wednesday afternoon _____ Monday afternoon _____

7. FAST FORWARD: Fast ForWord is a computer-based, intensive, language/auditory/reading program that is completed at home, with parental supervision, and ongoing weekly support and oversight by the speech pathologist. An informational packet about this program is available. Would you like your child to participate in Fast ForWord this summer? __yes __no

7. My child is available for the following weeks:

_____ June 15

_____ June 22

_____ June 29th Gail will be the only SLP working this week (Jen, Kristen, and Michelle away)

_____ July 6* Closed on Monday, July 6th but open for the rest of the week (Michelle and Gail away)

_____ July 13

_____ July 20

_____ July 27th

_____ August 3rd

_____ August 10

_____ August 17

_____ August 24th

THE OFFICE IS CLOSED THE WEEK OF AUGUST 31st AND MONDAY, SEPT. 7th.

Our fall session resumes Tuesday, September 8, 2009. Gail and Michelle's clients will resume after Labor Day. You will need to fill out separate forms to participate in the fall program. These are available after June 1st.