

ENROLLMENT PACKET

The University of Houston Presents:
Cougar Communication Groups
Summer Speech & Language Therapy Program
at the
University Speech, Language and Hearing Clinic:
A United Way Agency

Join us on an adventure **Around the World!**
Summer 2015



June 1 – July 9

Groups meet twice weekly for two and a half hours each session.

For children ages 18 months to 4 years of age

Monday/Wednesday or Tuesday/Thursday

9:30 AM - 12:00 PM

AND

For children 5 years of age to 10 years of age

Monday/Wednesday or Tuesday/Thursday

1:00 PM - 3:30 PM

Limited Spaces Available!

Call 713-743-2898 for further enrollment information

Deadline for applications is May 18, 2015

No Applications Accepted After This Date

ENROLLMENT PACKET



Cougar Communication Groups 2015 Around the World! Program June 1 – July 9

Thank you for your interest in Cougar Communication Groups for the summer of 2015. This program is provided by the University Speech, Language, and Hearing Clinic.

Our innovative program provides affordable and intensive group therapy for children ages 18 months to 10 years of age. Children will work with other children who have similar difficulties and needs in order to maintain and continue their speech and language progress. Goals will be achieved through fun activities such as story-time, art, science, and play. Groups are available to focus on: Articulation, Speech Productions, Language, Social, Pragmatics, Fluency, and Voice difficulties.

Communication Sciences and Disorders graduate students under the supervision of experienced and certified Speech-Language Pathologists will lead our groups. They will meet on Monday / Wednesdays or Tuesday / Thursdays from June 1 to July 9, with parent conferences to be held on the last day of treatment.

Tuition is \$900 for the **Around the World!** summer camp term along with a \$20 materials fee. The registration forms and deposit of \$20 are required to hold a spot in the group program. Please submit the registration forms to the clinic office by **May 2** for priority placement in our Summer Program.

A sliding scale based on income is available to families that qualify. Please ask the front desk for a fee reduction application.

Early bird registration fee is available for a 5% reduced tuition if paid in full by **May 2, 2015**.

We hope that you will join us! We are excited about our **Around the World!** summer speech and language camp! Call 713-743-2898 or email (sbourgeois-clark@uh.edu), if you have any questions.

Sincerely,

Cougar Communication Groups
The University Speech, Language, and Hearing Clinic (USLHC)

UNIVERSITY of HOUSTON

Cougar Communication Groups 2015 Summer Program Registration Packet

We are excited that you are considering our Cougar Communication Groups for summer 2015. Our goal is to provide quality and intensive speech and language treatment for your child.

The Clinical Director and Enrollment Coordinator determine admission to the program. The groups are designed for children, ages 18 months to 10 years of age, who are able to be successful and learn in a group environment with minimal behavior support. Placement in a group is only possible if there is a group available that matches your child's skills and needs. If it is determined that an appropriate group placement is not available in the summer program, an individual therapy placement will be offered.

ADMISSION PROCEDURES:

Please check the circumstance that best fits your situation:

- Current USLHC client:
 - Complete registration forms; and submit a \$20 deposit.
- Received previous assessment at USLHC within the last year:
 - Complete registration forms, submit ARD paperwork or previous assessment report, and a \$20 deposit.
- Assessment Completed Outside of USLHC:
 - Complete registration forms, and submit a \$20 deposit.
 - Submit the most recent ARD paperwork or previous speech/language testing reports to USLHC prior to admission in CCG.
 - Completion of the USLHC case history form is also required.
- New client with NO recent assessment report available:
 - Complete registration forms and submit a \$20 deposit.
 - Schedule an assessment at USLHC prior to April 2015. Please call the clinic at 713-743-2898 to request the case history form and schedule the evaluation appointment.





FREQUENTLY ASKED QUESTIONS Summer Program 2015

What times are the groups available?

For children ages 18 months to 4 years of age,
Monday/Wednesday or Tuesday/Thursday 9:30 AM - 12:00 PM,

AND

For children 5 years of age to 10 years of age,
Monday/Wednesday or Tuesday/Thursday 1:00 PM - 3:30 PM.

Your preferred group may only be available during certain time slots depending on availability, openings in the group, and clinician availability.

We try to adhere to the age guidelines; however we are flexible. We want to ensure that the children are placed in appropriate groups.

What are the dates for the Summer Program?

The dates for the Summer Program are June 1 to July 9.

Where is the Summer Program located?

The clinic's physical address is 4505 Cullen Blvd, Houston, TX 77004-6018, located at the University of Houston's main campus, Entrance #8.

The mailing address is:
100 Clinic Research Services Center
Houston, TX 77204-6018

Who do I contact for information about enrollment?

Contact Sharita Clark at 713-743-2898 or 713-743-0915.

Who do I contact for information about payment?

Contact Sharita Clark at 713-743-2898 or 713-743-0915.

What is the tuition rate and when do I pay?

The tuition for the summer group program is \$900 plus \$20 materials fee for the **Around the World!** summer camp. As always, the clinic uses an income-based sliding scale, so families can apply and may qualify to pay only a portion of the full tuition. Early Bird registration is available for a 5% reduced fee if paid in full by May 2, 2015. A \$20 deposit is required to hold a spot in the group summer program.

Who leads the groups?

A Speech-Language Pathologist will be assigned to supervise your child's group. One to two graduate clinicians will be assigned to lead your child's group. The clinicians for the groups are graduate students in the Department of Communication Sciences and Disorders at University of Houston. All clinicians are guided by experienced and fully certified Speech-Language Pathologists.

What are the groups working on?

Each group will have an overall focus for the summer. The focus could be Language, Articulation, Voice Skills, Fluency (Stuttering), Social Skills and other communication needs. Clients are grouped with other

children who have similar communication needs. During the groups, clients will participate in activities such as story, art, science, work time, and other activities designed to increase their communication skills.

How do I know if a group is right for my child?

A child might benefit from a group if they have been in speech and language therapy before, if they are able to learn and interact with other children, if they need to learn to transfer their new skills into the school and/or home environment. If a child has some behavioral difficulties, resists a group environment, needs one-to-one support to be successful, or is working on skills several years behind same age peers, they would likely make more progress in a one-on-one individual therapy setting.

What is the attendance policy?

Attendance is required. Families are encouraged to consider their summer plans when selecting their preferred group days (M/W or Tu/Th) to ensure that the child gains the maximum benefit through reliable attendance. A child's benefit from the group program is dependent on consistent attendance. Tuition will not be refunded for absences.

Do I get a progress report for how my child is doing?

Yes! The graduate clinician assigned to your child will prepare a progress report that will be provided during the final parent conference at the conclusion of the Summer Program.



Checklist of items to submit to the University Speech Language and Hearing Clinic

Client Name: _____

- **Client contact information form**
- **Scheduling preference**
- **ARD paperwork (if applicable)**
- **Previous speech/language testing reports (new clients)**
- **Case History form (new clients)**
- **Observation release**
- **Emergency Contact Information form**
- **Contract for services**
- **All about me page**
- **\$20 deposit**
- **Method of payment form**

Please complete forms and return to:
University Speech, Language and Hearing Clinic CCG
100 Clinical Research Center,
Houston Texas 77204-6018
Office: 713-743-2898
Fax: 713-743-2926
email: sbourgeois-clark@uh.edu

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University Speech, Language, & Hearing Clinic
A United Way Agency



Client Contact Information/ Información de Contacto del Cliente

(client name)/(nombre del cliente)

(guardian name/relationship)/(nombre del tutor/relación con el cliente)

(guardian name/relationship)/(nombre del tutor/relación con el cliente)

(street address)/(dirección)

(city, state, zip)/(ciudad, estado, código postal)

(home phone)/(teléfono de casa)

(work phone)/(teléfono de trabajo)

(cell phone)/(teléfono móvil)

(email)/(correo electronico)

Date/Fecha

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2015 Summer Program Scheduling Form

GROUP SELECTION:

Children attending the summer program will be organized into groups with other children working on similar goals (2-6 children). Groups for the summer will target the most important goal area for each client. These goals will be determined by considering input from parents, clinicians, previous clinicians, and diagnostic results.

Please write two specific speech or language goals for your child:

1.

2.

SCHEDULING:

Times and days are dependent on group enrollment and availability. However, we will work to accommodate your schedule as much as possible. Please indicate the days and times below:

Choose preferred days:

☐ Monday/Wednesday

☐ Tuesday/Thursday

Choose appropriate group time slot based on age:

☐ 9:30 am – 12:00 pm (18 mths - 4 yrs)

☐ 1:00 – 3:30 pm (5 yrs to 10 yrs)

Are there any days or weeks that you will miss due to vacations or other events?

If so, specify: _____

Any friends to be grouped with your child? _____

Photo Policy: USLHC CCG may use any photo, slide, or quote for publicity/marketing purposes.

Please initial _____

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University Speech, Language, & Hearing Clinic
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Observation Release

As you know, the University Speech, Language, and Hearing Clinic: *A United Way Facility* is a training facility of the Department of Communication Sciences and Disorders.

For training purposes, students in the department may observe treatment or assessments. The purpose of observations is to enhance the student's education. Observations are also required by our accrediting agency.

Also, because of the way our observation room is arranged, there may be other families observing at the same time you are observing. You need to know that others may be in the observation room, but only you and the supervisor may observe your family member.

The purpose of this form is to ensure that you understand that we cannot always provide the most confidential environment for assessment and treatment. We do the best we can, given the physical limitations.

I have read and understand that:

1. treatment/assessment may be observed by a Communication Sciences and Disorders student.
2. there may be other individuals in the observation room while I am observing a session.

Signature

Date

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Emergency Information Form

The University Speech, Language and Hearing Clinic personnel ask that you provide the following information to be kept on file at the clinic. In the event that you experience a medical emergency during your clinic visit, this information will be supplied to the medical emergency team.

The university's procedures for responding to a medical emergency are as follows. The UH Police Dept. (UHPD) will be called and, in turn, send medical emergency personnel to the clinic to provide assistance. UHPD can be reached by dialing 911.

Date Submitted: _____

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Allergies: _____

Physician's Name: _____

Physician's Phone #: _____

Current medical conditions: _____

Medications I currently take:

<u>Name of Medication</u>	<u>Amount</u>
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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In the event of an emergency, please notify:

(Name)

(Relationship to Client)

(Phone number)

Other information I would like the clinic staff to have regarding my medical condition:

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Contract for Service

TO WHOM IT MAY CONCERN:

I understand that the University Speech, Language, and Hearing Clinic provides treatment by students who are supervised by university personnel. These students are required to accumulate a minimum number of hours of clinical experience for credit toward their degree in Speech-Language Pathology. Therefore, they must depend upon your promptness and regular attendance. If more than 2 unexcused absences occur, the client's treatment sessions will be suspended and it will be necessary to place the client on the waiting list for enrollment consideration the following semester.

Thank you for your cooperation.

Signature

Date

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Method of payment

_____ Amount of payment

_____ \$20 Deposit

_____ \$20 Materials Fee

_____ Cash

_____ Check number

_____ Credit card

Account number: _____

Expiration date: _____

Signature of cardholder: _____



All About Me

Please complete this form with your child.

Name: _____

I go to school at _____.

My favorite subjects are _____.

My worst subjects are _____.

I learn best when _____.

My speech teacher's name is _____.

I see her/him ____ time(s) a week to work on my _____.

I like to snack on _____.

I am allergic to _____.

When I am happy, I _____.

When I am upset, I _____.

At home, I play _____.

I have (few : many) friends. We like to play _____.

My hobbies are _____.

The pets I have are _____.

Please tell any more information or draw a picture on the back.

