



Communication Clubhouse

Deborah Hoffman, MA CCC-SLP & Associates
Speech Language Therapy for Children

Fall-Spring 2022-23

Application for Therapy Services

Please complete the Application Forms and return as soon as possible. *To reserve consideration on the schedule for the 2022-23 Fall-Spring session, an application fee is required, and an invoice will be sent upon receipt of the application form. This nonrefundable \$75 application fee covers administrative time spent on: reviewing the application, formulating the 2022-23 schedule, and related communication.*

Therapy sessions are offered on an ongoing, weekly basis beginning the week of Tuesday, September 6, 2022, and continue through the week ending May 26, 2023.

Office address for in-person sessions:

The office is located at 1190 S. Bascom, San Jose, CA 95128, Suite 140.

In case of an extreme spike in Covid cases or a change in Covid policies set by Santa Clara County, all classes will be held over Zoom, at the originally scheduled meeting time. Parents will be informed as soon as possible if there is a change in venue.

Fees

Group Session: 60-minute group session includes 45-minutes of direct contact and 15-minutes for written parent information. **\$135 per session per client**

Individual Session: 60-minute individual session includes 45-minutes direct contact and 15 minutes for written parent information. **\$175 per session**

30-minute Individual session includes 25-minutes direct contact and 5-minutes for written parent information - **\$90 per session**

Please plan to arrive 5 minutes early to pick up your child at the end of the session so that we can maintain a timely transition between sessions. The therapist is available to answer specific questions through email or a planned phone meeting. *Clinical notes are delivered electronically to parents within a few days of the session.* These clinical notes contain vital information regarding the session focus and activities.

Professional Time - billed at \$175 per hour

Consultation with parents, schools, workplaces, other professionals as well as report writing, phone conversations longer than 15 minutes, and insurance letters/forms will be billed for time spent, at the hourly rate.

Travel Fee - billed at an additional \$30 per hour for special request offsite session visits (for

example: a school or a home visit).

Payments and Administrative Fee:

The \$75 application fee will be billed upon receipt of the application form, and payment is due upon receipt of the invoice.

If there is not appropriate placement at the time of scheduling, the client can choose to be placed on a waiting list and the \$75 administrative fee retained to account for time spent working on a placement.

Therapy Calendar Fall-Spring 2022-23 Session

Therapy sessions are offered on an ongoing, weekly basis beginning the week of Tuesday, September 6th, 2022 and continue through the week ending May 26, 2023.

We will be closed on these dates during the 2022-23 Fall-Spring session:

- Mon – Fri November 21-25 (Thanksgiving week)
- December 19, 2022, through January 6, 2023. Sessions begin again the week of January 9, 2023.
- Presidents Week: February 20 – 24, 2023
- Spring Break: To be announced

Application begins on the next page.

Continuing clients: Please complete the following on page 3: your child's name and birthdate, your contact information, and the Additional Information section. Since we know your child, you can then skip to page 6.

Client Information

 Office use only
 Date Appl. Rec'd:

Date: _____

Client's Name: _____ Age _____ Birth date _____ Gender _____

Parent #1 Name --- Please circle: mother father guardian _____

Parent #2 Name --- Please circle: mother father guardian _____

Parent #1

Address: _____

City/State/Zip Code: _____

Parent #1 Home Phone: _____

Parent #1 cell #: _____

Parent #1 work #: _____

Parent #1 email: _____

Parent #2

Address: (if different from parent #1) _____

City/State/Zip : _____

Parent #2 Home Phone: _____

Parent #2 cell #: _____

Parent #2 work #: _____

Parent #2 email: _____

Emergency Contact: Name: _____ Phone: _____ Relationship to client: _____

Siblings name(s) and ages: _____

Who can we thank for referring you? _____

Additional Information

Current Educational Setting:

Name of school /grade _____ Aide ___ SDC ___ Private ___

Home Schooled _____ Combination (explain) _____

Current Services: OT ___ Speech ___ ABA ___ Other: _____

Does your child have a given diagnosis? Yes ___ No ___

If yes: Diagnosis of _____ given on (date) _____ by (provider) _____

Specific numeric code _____ (example F80.2)

Allergies or foods to avoid: _____ **Epi-pen: Yes No** (please circle)**Parent Questionnaire***In order to better place your child, please answer the questions below, to the best of your ability.***Communication Skills****Expressive language** - My child's use of vocabulary and sentence structure appears to be:

() Advanced () Age expected () Slightly delayed () Significantly delayed

Receptive language - My child's understanding spoken language and communication appears to be:

() Advanced () Age expected () Slightly delayed () Significantly delayed

Articulation - My child's use of speech sounds, clarity of speech appears to be:

() Advanced () Age expected () Slightly delayed () Significantly delayed

Please answer these questions for children entering 1st grade or younger.**Communication skills continued:**

Please check any areas of concern

- Articulation (pronouncing words and sounds more clearly)
 - o Specific sounds, please list: _____
- Does not yet speak
- Just beginning to combine words
- Delayed vocabulary development
- Delay in putting phrases and sentences together
- Speaking in grammatically correct sentences
- Needs to talk more; responds using short answers and little elaboration
- Learning how to *ask* questions
- Learning how to *answer* questions when asked
- Learning to tell about an experience, narrative language, using expected sequence and detail, in his/her own words
- Learning to retell a story using expected sequence and detail, in his/her own words
- Listening to a story and being able to answer questions about it
- Social Language/Pragmatics - relating to other children in expected ways

Please answer these questions for children entering grades 2 and up.**Communication skills continued:**

Please check any areas of concern

- Articulation (pronouncing words and sounds more clearly)
 - o Specific sounds: _____
- Delayed vocabulary development
- Narrative language – retelling in succinct manner
- Listening / Auditory Processing
- Social Language/Pragmatics/relating to other people in expected ways

Please answer these questions for all childrenIf I were to observe your child playing or hanging out *at home*, what would I notice about him/her?If I were to observe him/her with others in unstructured *social* settings (ie; *playground, hangouts*), what would I notice about him/her as compared to others?

If I were to observe him/her *in a more structured setting*, such as the classroom, what would I notice about him/her as compared to others?

What are his/her preferred activities when alone? When with others?

Specific Concerns:

Child's Strengths:

Your Goals for your Child:

Any additional information, please attach a note to this application. Thank you.

Application continued on next page

Session Preference

Today's Date: _____

Child's Name and birthdate: _____

→ Please indicate your first, second and third preference with a 1, 2, or 3. There can be more than one time indicated in each level of preference. Please mark earliest start time and latest end time.

Please note the hours between 3:00 – 5:30 pm are reserved for group priority. Depending on demand, individual sessions may be available during those times.

Group Therapy session preference

Time	Monday	Tuesday	Wednesday	Thursday
Afternoon Indicate preferred range of time within each box (1:30 PM to 5:30 PM)				

Individual Therapy session preference

Time	Monday	Tuesday	Wednesday	Thursday
Afternoon Indicate preferred range of time within each box (1:30 PM to 5:30 PM)				

→ Parent/Guardian Signature _____

Policies Agreement

Please read carefully and initial each box, then sign and date below.

1. Illnesses: Please do not bring your child to therapy if he or she is ill. In consideration of the other clients in the clinic and the therapists, please do not bring children who have cold symptoms, stomach virus, a contagious illness, or a fever, or in case of a possible COVID-19 exposure. We also ask that you keep your child home for 24 hours after a fever or stomach virus. Contact the therapist as soon as you are aware of this situation to let her know of this unexpected absence so that she can alter her planning of the session with the other child(ren).
If the therapist is not informed of illness prior to the session start time, the session will be charged.

2. Absences: Please call at least 24 hours in advance if a cancellation is necessary. Please notify therapist of any planned absences (such as family vacations and trips) at least two weeks in advance. Please keep these to a minimum during the school year, as the office will be closed for several weeks during the winter break as well as other holidays such as Thanksgiving and New Year's.
If an absence occurs and the therapist is not notified, the session will be charged at the full rate. This fee is not covered by insurance. Only two absences for reasons other than illness or emergency during the 2022-23 session (September through May) will be considered excused and not billed. Any subsequent absences will be considered unexcused and will be billed at the normal rate.

Additional note about absences: Consistent weekly attendance is crucial to the flow and progress of the entire group and the individual. Every absence affects the progress of the entire group and the individual. *Therefore, if absences for work obligations, transportation complications (of which there are potentially many) and frequent vacations during the school year occur, it will be necessary to charge for the sessions.*

3. Inconsistent attendance: We strongly believe that consistent input and attendance are essential to a child's, and the group's, benefit and progress in therapy. If a child misses more than 2 consecutive appointments, the third appointment will be charged at the full rate regardless of notification. Special consideration will be given to cases of severe illness or family emergency. If a child needs to discontinue therapy for any length of time, his or her regularly scheduled time cannot be reserved. In this case families may choose to go on the waiting list for another therapy time or may pay full fee to hold that space. If there is a pattern of inconsistent attendance and frequent absences, therapy will be discontinued at the discretion of the clinic director.

4. Discontinuing therapy: A two-week notification is required if requesting to stop therapy. Consideration will be given for family emergencies and additional circumstances, at the discretion of the clinic director. All remaining fees are due on or before the final session.

5. Timely Payments: Prompt payment in full is expected. Payment is due upon receipt of invoice. If insurance is covering your child's therapy, we ask that you handle such arrangements and request reimbursement be sent directly to you. If payment is 15 days past due, a late fee of 10% of the total bill will be imposed. Therapy will be discontinued until payment is received. If specific insurance invoices or other documentation are required after monthly payment is obtained, a fee will be applied for time spent based on the hourly consultation fee.

I understand and agree to the Communication Clubhouse policies stated above.



Child's Name

Child's Date of Birth

Parent/Guardian's Name

Parent/Guardian's Signature

Date

Email and Remote Learning Platform Release

Please check the boxes below and then sign.

As the Parent or Guardian, I authorize and give permission, on behalf of the minor patient, to participate in video sessions, if necessary.

I authorize and give permission for Communication Clubhouse to send via email:

Notes and observations taken during therapy sessions.

Photos taken during therapy sessions.

I understand that I am under an obligation to maintain the privacy of all individuals appearing in the picture and will share these photos with only my immediate family. I will not share photos on social media if there are other people in the photo. The purpose of the photos is to enhance the therapeutic experience through encouraging the child’s verbal recall of events and interactions with peers. Please share the photos with your child and encourage him/her to talk about the session and activities.

For _____
Print Child’s name

Child’s birthdate

Send to:

Name Email

Name Email

This authorization is valid for one year from the date below, or until terminated by the parent/guardian (whichever occurs first).



Parent/Guardian’s Signature

Date


Consent to Release Information

I authorize my Speech Language Pathologist at Communication Clubhouse, to release or receive information for program planning and information related to my child’s treatment. This consent is valid for one year from the date below, or until terminated by the parent/ guardian (whichever occurs first).

The following Persons or Organizations are authorized to release or receive information:

Name	Contact Information

By signing this agreement, I verify that I have read the above consent and have the authority to sign and give permission for this child. I also understand that I have the right to revoke this consent at any time.

 Child’s name _____ DOB: _____

Parent/ guardian’s name: _____ Relationship: _____

Signature: _____ Date: _____

Application continues on next page

