

# **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

**Cougars Globe Trotting for Communication**  
**Summer 2017**



**June 12 – July 21**

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 713-743-0915 for further enrollment information

*Enrollment Applications will not be accepted once the program enrollment spaces are filled. Submit your child's enrollment packet and deposit early to ensure a reserved space in CCG.*

Deadline for applications is May 26, 2017

No Applications Accepted After This Date

# ENROLLMENT PACKET



Cougar Communication Groups  
2017 Around the World! Program  
June 12 – July 21

Thank you for your interest in Cougar Communication Groups for the summer of 2017. 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 12 to July 21, with parent conferences to be held on the last day of treatment.

Tuition is \$950 for the **Cougars Globe Trotting for Communication** summer camp term along with a deposit fee and materials fee. A deposit fee and materials fee is required to hold a spot in the group program. Please submit the registration forms to the clinic office by **March 31<sup>st</sup>** 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 **March 31, 2017**.

We hope that you will join us! We are excited about our **Cougars Globe Trotting for Communication!** Summer speech and language camp! Call 713-743-0915 or email Dr. Pettis (bdpettis@central.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 2017 Summer Program Registration Packet

We are excited that you are considering our Cougar Communication Groups for summer 2017. 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 deposit and materials fee.
- Received previous assessment at USLHC within the last year:
  - Complete registration forms, submit ARD paperwork or previous assessment report (evaluation must be within three year time frame from school district, or one year from clinic/hospital), deposit, and materials fee.
- Assessment Completed Outside of USLHC:
  - Complete registration forms, deposit, and materials fee.
  - 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:
  - Contact USLHC to schedule an evaluation immediately. A speech and language evaluation is required to participate in the summer camp. An evaluation must be within three year time frame from school district, or one year from clinic/hospital





## **FREQUENTLY ASKED QUESTIONS Summer Program 2017**

### **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 12 to July 21.

### **Where is the Summer Program located?**

The clinic's physical address is 4455 Cullen Blvd, Houston, TX 77004-6018, located at the University of Houston's main campus, Entrance #8.

The mailing address is:  
4455 Cullen Blvd., Room 100  
Houston, TX 77204-6018

### **Who do I contact for information about enrollment?**

Contact Dr. Brittney Goodman Pettis at 713-743-0915.

### **Who do I contact for information about payment?**

Contact Ms. Marla Moreno-Jordan at 713-743-0915 or 713-743-1620.

### **What is the tuition rate and when do I pay?**

The tuition for the summer group program is \$950, plus a nonrefundable deposit, and nonrefundable materials fee for **Cougars Globe Trotting For Communication** 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 March 31, 2017. A 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.



# UNIVERSITY of HOUSTON

## 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** (evaluation must be within three year time frame from school district, or one year from clinic/hospital)
- **Case History form (new clients)**
- **Observation release**
- **Emergency Contact Information form**
- **Contract for services**
- **All about me page**
- **Deposit**
  - Deposit is not required (March 17<sup>th</sup>-March 31<sup>st</sup>)
  - Nonrefundable Regular Registration Deposit Fee \$10 (April 1-May 5)
  - Nonrefundable Late Registration Deposit Fee \$20 (May 6- May 26)
- **Nonrefundable Materials fee**
  - \$25
- **Registration fee**
  - \$950
  - Early bird registration fee paid in full by March 31<sup>st</sup> \$902.50 (applies to full paying clients only)
  - Reduced fees may apply to those who qualify per sliding scale

Please complete forms and return to:  
University Speech, Language and Hearing Clinic CCG  
4455 Cullen Blvd., Room 100  
Houston, TX 77204-6018  
Office: 713-743-0915  
Fax: 713-743-2926

# UNIVERSITY of HOUSTON

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



## Client Contact Information/ Información de Contacto del Cliente

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(client name)/(nombre del cliente)

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

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(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)

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Date/Fecha



# 2017 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 list languages spoken by your child:**

**Please circle speech and/or language goals for your child. If you have more than 1 please number (1-3) with number 1 as the greatest need, and the number 3 as the least of need.**

___	___	___	___	___	___
<b>Receptive language</b>	<b>Expressive language</b>	<b>Pragmatic language</b>	<b>Communication with AAC</b>	<b>Articulation</b>	<b>Fluency</b>

## **Please Write speech and language concerns:**

## **Student's current medical diagnosis/disability:**

## **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: \_\_\_\_\_

**Photo Policy:** USLHC CCG may use any photo, slide, or quote for publicity/marketing purposes. Please circle: yes no

Please initial \_\_\_\_\_

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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

# UNIVERSITY of HOUSTON

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



## 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>
_____	_____
_____	_____
_____	_____
_____	_____

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# UNIVERSITY of HOUSTON

University Speech, Language, & Hearing Clinic  
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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

UNIVERSITY of HOUSTON

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



# Fee Summary

## Nonrefundable Deposit

- Deposit is not required (March 17<sup>th</sup>-March 31<sup>st</sup>)
- Regular Registration Deposit Fee \$10 (April 1-May 5)
- Late Registration Deposit Fee \$20 (May 6- May 26)

## Nonrefundable Materials Fee (flat fee)

- Materials Fee \$25

## Registration Fee

- \$950 (full price)
- Early bird registration fee paid in full by March 31<sup>st</sup> is \$902.50 (applies to full paying clients only; deposit fee waived)

\*\*\*Fees vary based on sliding scale qualifications (applications available upon request)\*\*\*

## Total:

- **Deposit Fee (if applicable)**
- **Materials Fee = \$25**
- **Registration Fee = \$950 (price varies based on registration period and sliding scale qualifications)**

**\*In order to reserve spot for CCG the deposit fee and materials fee are required\***

## Mailing a payment?

Please mail checks/money orders to:  
University Speech, Language & Hearing Clinic  
4455 Cullen Blvd. Room 102  
Houston, TX 77204-6018

\*\*\*Checks and money orders should be made payable to the **University of Houston**.\*\*\*

To make a Visa or MasterCard payment, please feel free to call Marla Moreno-Jordan at 713-743-1620 or Michele Ozgen at 713-743-0915.



# 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 \_\_\_\_\_.