

**Summer 2020**  
**Cougar Communication Groups**

**ENROLLMENT PACKET**

Discover the Magic



**Children 2 to 6 years: 9:00 am-11:00 am**  
Monday/Wednesday or Tuesday/Thursday

**Children 7 years to 14 years: 1:30 pm -3:30 pm**  
Monday/Wednesday or Tuesday/Thursday

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 March 30, 2019**

A late registration fee of \$50.00 will apply to applications received after May 01 and acceptance is dependent upon availability.

**June 08 – July 23**

*(CCG will not meet June 29 – July 02)*

## Cougar Communication Groups

### Discover the Magic

Thank you for your interest in Cougar Communication Groups for the summer of 2020. This program is provided by the University Speech-Language-Hearing Clinic: A United Way agency.

Our program provides evidence-based group therapy for children ages 2 to 14 years of age. Children will work with others who have similar goals 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.

Communication Sciences and Disorders graduate students under the supervision of experienced and certified speech-language pathologists will lead the groups. The groups will meet on Mondays / Wednesdays or Tuesdays / Thursdays from **June 08 to July 23, with the week of July 4th off for the holiday (June 29 - July 02).**

Tuition is as follows:

Session 1:	June 8 – June 25	\$575.00
Session 2:	July 6 – July 23	\$575.00
Session 1 & 2:	June 8 – July 23	\$1050.00

Please submit the registration forms together with a non-refundable materials fee of \$50.00 to the clinic office by **March 30th** for 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.

We are excited about our **Discover the Magic** summer speech and language camp and hope you will join us. Call **713-743-0915** or email **uslhc@central.UH.EDU**, if you have any questions.

Sincerely,

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



# Cougar Communication Groups

## Discover the Magic

### 2020 Summer Program Registration Packet

Client Name: \_\_\_\_\_

### Checklist of items to submit to the University Speech-Language-Hearing Clinic:

- Client contact information form
- Scheduling preference
- ARD paperwork if coming from a school district
- Recent speech/language testing reports
  - Within 3 years if from a school district
  - Within 1 year if from a clinic/hospital
- Case History form \*access via link on website\*
  - All admission is pending a recent evaluation. If you are a new client, our clinic will contact you to schedule an evaluation.
- Observation release
- Emergency Contact Information form
- Contract for services
- All About Me page
- Non-refundable Materials Fee: \$50
- Registration fee: See above for tuition rates (Reduced fees may apply to those who qualify per sliding scale)

**Please complete forms and return to:**

**University Speech-Language-Hearing Clinic CCG**

**4455 Cullen Blvd., Room 100**

**Houston, TX 77204-6018**

**Office: 713-743-0915**

**Fax: 713-743-2926**

**Email: [USLHC@uh.edu](mailto:USLHC@uh.edu)**



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### Client Contact Information/ Información de Contacto del Cliente

-----  
Date / Fecha

-----  
Client Name / Nombre del cliente

-----  
Street address / Dirección

-----  
Guardian name / Relationship /  
Nombre del tutor / Relación con el cliente

-----  
City, state, zip / Ciudad, estado, código postal

-----  
Guardian name / Relationship /  
Nombre del tutor / Relación con el cliente

-----  
Home phone / Teléfono de casa

-----  
Work phone / Teléfono de trabajo

-----  
Cell phone / Teléfono móvil

-----  
Email / Correo electrónico



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### 2020 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 per group). 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.

1. Please list languages spoken by your child:

2. Please circle current speech and/or language goals that have been identified 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

<input type="checkbox"/> Vocabulary	<input type="checkbox"/> Articulation (speech sounds)
<input type="checkbox"/> Reading	<input type="checkbox"/> Following Directions
<input type="checkbox"/> Planning and sequencing activities/ideas	<input type="checkbox"/> Voice Quality
<input type="checkbox"/> Communication with AAC Device	<input type="checkbox"/> Grammar
<input type="checkbox"/> Fluency	<input type="checkbox"/> Social Skills

3. Please list any concerns you have regarding your child's speech and language skills:



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4. What is your child'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:

Circle preferred days:

Monday/Wednesday

Tuesday/Thursday

Circle appropriate group time slot based on age:

9:00 am – 11:00 pm (2-6 years old)

1:30 – 3:30 pm (7-14 years old)

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

If so, please 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-Hearing Clinic: *A United Way agency* 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 students' education. Observations are also required by our accrediting agency.

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:

- treatment/assessment may be observed by a Communication Sciences and Disorders student.
- 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-Hearing Clinic personnel ask that you provide the following information to be kept on file at the clinic. In the event that your child experiences a medical emergency during their CCG Camp, 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
Phone Number <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Home	
Physician's Name	Phone Number
Emergency Contact	Relationship to Child
Contact Info <input type="radio"/> Work <input type="radio"/> Cell <input type="radio"/> Home	Allergies
Other Information	





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### Contract for Service

TO WHOM IT MAY CONCERN:

I understand that the University Speech-Language-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 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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### All About Me

Please complete this form with your child.

Name: \_\_\_\_\_

I go to school at \_\_\_\_\_

My favorite subjects are \_\_\_\_\_

My least favorite subjects are \_\_\_\_\_

I learn best when \_\_\_\_\_

I go to Speech to work on \_\_\_\_\_

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 \_\_\_\_\_



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### Fee Summary

Non-refundable Materials Fee <b>if registering before March 30.</b>	\$50.00
Non-refundable materials fee and late registration fee <b>if registering after March 30.</b>	\$100.00
Full Tuition Fees vary based on sliding scale qualifications (applications available upon request)	Session 1: \$575.00 Session 2: \$575.00 Session 1&2: \$1050.00

**A non-refundable materials fee of \$50.00 is due at time of registration. 100% of the total tuition is required by June 4<sup>th</sup>, (CCG Open House).**

**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 Michele Ozgen at 713-743-0915.



# Cougar Communication Groups

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### FREQUENTLY ASKED QUESTIONS

#### What times are the groups available?

- **2 years to 6 years: 9:00 am - 11:00 am**  
Monday/Wednesday or Tuesday/Thursday
- **7 years to 14 years: 1:30 pm - 3:30 pm**  
Monday/Wednesday or Tuesday/Thursday

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

#### What are the dates for the Summer Program?

The dates for the Summer Program are June 08 to July 23.

#### Will the Cougar Communication Groups (CCG) meet the week of July 04?

No! Cougar Communication Groups will not meet the week of July 01-July 05.

#### 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 the USLHC front office at 713-743-0915.

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

Contact the front office at 713-743-0915 or 713-743-1620.

#### When do I pay?

A \$50.00 non-refundable materials fee is required when registering. **100% of the total tuition is required by May 30<sup>th</sup>.**

The non-refundable materials fee is required to hold a spot in the group summer program.



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*\*As always, the clinic uses an income-based sliding scale, so families may qualify to pay only a portion of the full tuition*

### How is admission determined?

The Clinic Director and Enrollment Coordinator will determine admission to the program. The groups are designed for children, ages 2 to 14 years old, 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 may be offered.

### Who leads the groups?

A speech-language pathologist will be assigned to supervise your child's group which will be led by 1 to 2 graduate clinicians. The clinicians for the groups are graduate students in the Department of Communication Sciences and Disorders at the University of Houston. All clinicians are supervised by experienced and certified speech-language pathologists.

### What are the groups working on?

Each group will have an overall focus on one of the following areas: Language, Articulation, Voice, Fluency (Stuttering), Social Skills, AAC, and other communication needs. Clients are grouped with other children who are similar ages with similar communication needs. During the groups, clients will participate in activities such as story, art, science 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, and/or 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 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.

