**Summer 2021**

**Cougar Communication Groups**

ENROLLMENT PACKET



**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.*

The deadline for applications is June 21, 2021

A late registration fee of $50.00 will apply to applications received after June 21, 2021, and acceptance is dependent upon availability.

June 21 – July 30

Thank you for your interest in the University Speech-Language-Hearing (USLHC) Clinic's Summer 2021 Cougar Communication Group (CCG). The USLHC is a United Way agency providing evaluation and treatment services to infants, children, and adults with speech, language, and hearing impairments. The Summer Cougar Communication Group program offers affordable and intensive summer therapy to children ages 18 months to 14 years.

Children will work with others who have similar goals to maintain and continue their speech and language progress through fun activities, such as story-time, art, science, and play.

Graduate students working towards a Master of Arts degree in speech-language pathology lead the groups under licensed and certified speech-language pathologists' supervision. The groups will meet on Mondays and Wednesdays **OR** Tuesdays and Thursdays from **June 21 to July 30.**

Tuition is $975.00 plus a $50.00 materials fee.

Please submit the registration forms together with a non-refundable materials fee of $50.00 to the clinic office by calling 713-743-0915 or email uslhc@uh.edufor placement in our summer program. A sliding scale based on income is available to families who qualify. Please ask the front desk for a fee reduction application.

We are excited to ***Discover the Magic*** this summer and look forward to working with you and your child. Call **713-743-0915** or email **uslhc@uh.edu** if you have any questions.

Sincerely,

Cougar Communication Groups

The University Speech-Language-Hearing Clinic (USLHC)

2021 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 three years if from a school district
  + Within one year if from a clinic/hospital
* Case History form \*access via a link on website\*
  + All admission is pending a recent evaluation. If you are a new client, our clinic will contact you to schedule an assessment.
* 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 them 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**

Client Contact Information/

Información de Contacto del Cliente

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

Date / Fecha

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

Client Name / Nombre del cliente Street address / Dirección

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

Guardian name / Relationship / City, state, zip / Ciudad, estado, código postal

Nombre del tutor / Relación con el cliente

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

Guardian name / Relationship / Home phone / Teléfono de casa

Nombre del tutor / Relación con el cliente

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

Work phone / Teléfono de trabajo

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

Cell phone / Teléfono móvil

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

Email / Correo electronico

|  |  |
| --- | --- |
|  | |
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|  |

2021 Summer Program

Scheduling Form

**GROUP SELECTION:**

Children are grouped according to their communication skills with a maximum of four to a group. Groups for the summer will target each client's most critical goal area, dependent upon parent input, clinician input, and the most recent evaluation.

1. Please list languages spoken by your child:

2. Please number the communication goals in order of importance for your child, with one being the most important.

|  |  |
| --- | --- |
| * Vocabulary | * Articulation (speech sounds) |
| * Reading | * Following Directions |
| * Planning and sequencing activities/ideas | * Voice Quality |
| * Communication with AAC Device | * Grammar |
| * Fluency | * Social Skills |

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

**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 \_\_\_\_\_\_\_\_\_\_\_\_

Observation Release

The University Speech-Language-Hearing Clinic: A United Way agency is the Department of Communication Sciences and Disorders training facility.

For training purposes, students in the department may observe treatment or assessments. The purpose of observations is to enhance the students' education. Our accrediting agency also requires students to complete clinical observations.

The USLHC will follow CDC guidelines to protect clients, faculty, and staff against COVID-19, including regular sanitization of therapy materials and therapy rooms, social distancing, and adolescents and adults wearing masks in the building. As such, parents may not observe their children during assessments and therapy.

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 I understand that a Communication Sciences and Disorders student may observe treatment/assessment.

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

Signature Date

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. If your child experiences a medical emergency during their CCG camp, the USLHC will supply this information to the medical emergency team.

The university's procedures for responding to a medical emergency are as follows: A clinical educator, staff member, or faculty member will call the UH Police Dept. (UHPD), who will send medical emergency personnel to the clinic to assist. UHPD can be reached by dialing 911.

|  |
| --- |
| **Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| |  |  | | --- | --- | | Name | Address | | Phone Number   * Work * Cell * Home |  | | Physician's Name | Phone Number | | Emergency Contact | Relationship to Child | | Contact Info   * Work * Cell * Home | Allergies | | Other Information | | |

Contract for Service

TO WHOM IT MAY CONCERN:

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

Thank you for your cooperation.

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

Signature Date

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Fee Summary

|  |  |
| --- | --- |
| Non-refundable Materials Fee **if registering before April 30.** | $50.00 |
| Non-refundable materials fee and late registration fee **if registering after June 21, 2021.** | $100.00 |
| Full Tuition  Fees vary based on sliding scale qualifications (applications available upon request) | $975.00   * $495.00 due at the start of the camp * Remaining $480.00 due by July 16 |

**A non-refundable materials fee of $50.00 is due at the time of registration. If the camp is canceled due to COVID-19, the materials fee will cover two teletherapy sessions.**

**Are you 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 call Michele Ozgen at 713-743-0915.**

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 specific 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 enrollment information?**

Contact the USLHC front office at **713-743-0915** or email **uslhc@uh.edu**.

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

Contact the USLHC front office at **713-743-0915** or email **uslhc@uh.edu**.

**When do I pay?**

A $50.00 non-refundable materials fee is required when registering. 50% of the total tuition is due at the start of the camp. The remaining 50% is due July 16.

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

*\*As always, the clinic uses an income-based sliding scale, so families may qualify to pay only a portion of the total 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 can be successful and learn in a group environment with ***minimal behavior support*. Placement in a group is only possible if a group is available that matches your child's skills and needs.** If an appropriate group placement is not available in the summer program, the enrollment coordinator may recommend individual therapy.

**Who leads the groups?**

A speech-language pathologist will be assigned to supervise your child's group, 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. Licensed and certified speech-language pathologists supervise all clinicians.

**What are the groups working on or targeting?**

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. Children who are of similar ages with similar communication needs work together in groups. During the group sessions, clients will participate in literacy, art, science, and other activities to increase their communication skills.

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

A child might benefit from a group if they have previously received speech and language therapy, and they can learn and interact with other children. If a child 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. Absent sessions will not be refunded**.**

**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 for review during the final parent conference after the Summer Program.