

Hamaguchi & Associates Pediatric Speech-Language Pathologists, Inc. 20111 Stevens Creek Blvd., Ste.145 Cupertino, CA 95014 (408) 366-1098 • fax (408) 366-1011 www.hamaguchiandassociates.com

## **Request for Services Form**

Child's Name	DOB	Age
Address		
City/Zip		
Mother's/Father's/Guardian's/Partner's		
NameEmail:	Cell:	<u> </u>
Father's/Mother's/Guardian's/Partner's		
Name		_
Name Email:	Cell:	
What is the best phone # to reach you? _		
May we leave a message for you on this i	number? □Yes □No	
an occupational therapist, IEP, on that is no older than 11 months of usually suffice with a screening be mild, simple deficit, we will need assessment and treatment plan (g on an IEP, your insurance compo	lownloaded from our website: <a href="www.hamagu">www.hamagu</a> age pathology reports, as well as any other perpendicular psychologist. We will need to have some keld, in order to begin services. Children with any our staff. If you have no report and your of to perform an evaluation first. Insurance could be a support of the performance of the performa	pertinent reports, such as those from kind of speech evaluation or report minor articulation difficulties can child has anything other than a very ompanies do require an initial and therefore, if our therapy is based uplication of services and education
What services are you requesting to be  Assessment Individual or Group Servic I'm not sure what my child		s and we will give you input on this)
Please fill out this form and return it to or	ar office.	

- 1. Include a short note (1-2 pages, max, please) on a separate sheet of paper, "What We Want You to Know About Our Child" including information about your child's personality, your concerns, observations and reasons for seeking an assessment and/or therapy at our office.
- 2. Please include a photograph of your child that we can keep in our records.
- 3. Fax it or email it (frontoffice.hamaguchi@gmail.com), or mail this form, plus your letter, to our office:

Hamaguchi & Associates 20111 Stevens Creek Blvd. #145, Cupertino, CA 95014 Phone (408) 366-1098 ext 3#/ Fax: (408) 366-1011

## **ASSESSMENTS**

My child 1	needs to be assessed:	yes	no	I'm not sure	
I would like	ke the following type of	assessment:			
	Articulation Assessment Birth-Age 2: speech-land Bilingual Assessment for Age 3 to 4 years 11 mon Age 5 years to 6 years 1 Ages 7 and up speech-land \$2200 Supplementary Testing: reports/assessments with aspects of auditory procedures Fees are prorated by time "Additional Services For An initial mini-assessment AAC Assessment (Assi AAC Assessment with a AAC Assessment with a	t including phyguage assessmor Toddlers/Proths: speech-lated 1 months: speech-lated 1 months: speech for children which the past 9 messing or a month of the spent but down."  ent for a child stive and August app \$1000-110	onological aware nent for children eschoolers (Mandanguage assessment \$1800 **w  who have previous months and whose pre-in depth expression on tinclude a will wishing to join a mentative Common on (depending on the children on the common of the children on the children of the children on the children on the children of the children on the children of the children on the children of the children	darin/English or Cantonese ent: \$1200 with articulation tessment \$1600 with articulation with auditory processing to a speech-language, neurope to parents would like additionable and a speech anguage component itten report. Reports are bigroup (group only therapy unication) without app \$800.	/English) \$1500 on \$1375 ulation \$1775 ests/and or articulation sychological or similar onal information, such as t to what was already done lled separately with our  y) \$500
1.	What kind of therapy Teletherapy only	·	te for your child n-person only	? Hybrid	I'm flexible!
How many	y sessions per week do y			•	
	ng for each session?  30-minute individua available before 2pi *must schedule a min	m only (\$108) imum of 2 per v	week*	☐ 45-minute individual s☐ One hour (\$216)	sessions (\$162)
3. Do	you have a preference	for which spe	ech pathologist	works with your child?	
☐ Mo		ease check all	Thursday Friday	letherapy	
□ 8:0 □ 8:1 □ 10	our child is available to 00-8:15 (Amber only) 15am to 10am am to 11:15am m to 2pm				

<b>GROUP THERAPY</b> (3-6 children) or DYAD	(Group of 2	children)	
Are you interested in a group for your child?	yes	no	maybe
Group Rates: 60 minute group: \$152 90 minute group: \$227			
Groups are used to teach children how to understamanner in a playful and fun environment with the			
HANEN PROGRAMS FOR PARENTS (It Ta We provide two different Hanen group parent coa Takes Two to Talk® is for parents of young child have children diagnosed with autism or other soc years old. Each is a 12-week program with \$866 at 3 individual video feedback sessions each billed at than \$1,700. These programs provide concrete str More Than Words® program also provides infortaken instead of therapy or alongside therapy. Day programs, please indicate so here and let us know	aching via Zo dren who are sial communic for the 8 grou at our hourly rategies to hel mation on bui ys/times vary	om classes, speech-dela cation diffic p parent-tra rate (\$216) lp you help ilding socials. If you wou	es, in October and January of each year. It layed. More Than Words® is for parents who iculties. Both are for children ages 18 months to training sessions and 1 pre-program consultations) with the total of each program costing no more pour children learn to talk, or talk more. The ial connections with others. These classes can be could like more information about either of these
It Takes Two to	<b>Talk</b> ®	M	More Than Words®
January 2023 program October 2023 program			
6. I have read, understand, and agree to all pages guarantee payment for the program to be schedule parents must sign)			
(Please print your name here)			
* Signature of parent who is financially committi	ng to pay for	this prograi	ram Date
Signature of Parent with Joint Legal Custody			Date