

Hamaguchi & Associates
Pediatric Speech-Language Pathologists, Inc.
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2023 Waitlist Request Form

(Morning, Teletherapy & Assessment only: All other services can proceed with a Request for Services form)

Child's Na	Jame	DOB	Age
Address City/Zip			
City/Zip_			
	/Father's/Guardian's/Partner's		_
Email:		Cell:	
Father's/N	Mother's/Guardian's/Partner's		
Email:	Ce	11:	
What is th May we le	he best phone # to reach you?eave a message for you on this number? □Yes	□No	
	rvices are you requesting to be scheduled? Assessment Individual Therapy I'm not sure what my child needs. (Please sea	nd us all previous repor	ts and we will give you input on this)
1.	l out this form and return it to our office. Include a short note (1-2 pages, max, please) or About Our Child" including information about seeking an assessment and/or therapy at our off. Fax it or email it (frontoffice.hamaguchi@gmail.	your child's personality ice.	y, your concerns, and reasons for
ASSESS	Hamaguch 20111 Stevens Creek Blvd Phone (408) 366-1098 e SMENTS		
My child	needs to be assessed:yesno	I'm not sure	;
I would li	like the following type of assessment:		
	Articulation Assessment - \$432 Articulation Assessment including phonologica Birth-Age 2: speech-language assessment for cl Bilingual Assessment for Toddlers/Preschooler	hildren - \$1200	

		Age 3 to 4 years 11 months: speech-language assessment: \$1500 with articulation \$1800 Age 5 years to 6 years 11 months: speech-language assessment \$1900 with articulation \$2200 Ages 7 and up speech-language assessment \$2100 **with auditory processing tests/and or articulation \$2500						
		Supplementary Testing: for children who have previous speech-language, neuropsychological or similar reports/assessments within the past 9 months and whose parents would like additional information, such as aspects of auditory processing or a more-in depth expressive language component to what was already done. Fees are prorated by time spent at twice our therapy rate for a 45 minute sessions (\$162x 2=\$324) plus \$324 for the report, total \$648. For two 45-minute sessions, would be \$972. For three 45-minute sessions, would be \$1296. For four testing sessions, \$1620. If the testing requires additional time, we bill at the full assessment rates as above.						
		AAC Assessment (Assistive and Augmentative Communication) without app \$800						
		AAC Assessment with app \$1000-1100 (depending on app) AAC Assessment with app combined with comprehensive speech-language assessment \$2200						
THER	AP	Y						
1.	. What kind of therapy would you like for your child?							
		Teletherapy only	In-person only	Hybrid	I'm flexible!			
	How many sessions per week do you wish to schedule?							
		ow long for each session? 30-minute individual sessions typically available before 2pm only (\$108) *must schedule a minimum of 2 per week* 45-minute individual sessions (\$162) One hour (\$216) you have a preference for which speech pathologist works with your child?						
4.		ys your child is available (plea Monday Tuesday Wednesday	ase check all that apply Thursday Friday Saturday te		_			
5.		Times your child is available to START each session (please check all that apply): 8:00-8:15 (Amber only) 8:15am to 10am 10am to 11:15am						
(Please	not	e: We are not taking waitlist re	equests for afternoon in	-person appointments)				
		Teletherapy 1-2pm Teletherapy 2-3pm Teletherapy after 3pm						
Date s	ubn	nitted:						