

Hamaguchi & Associates Pediatric Speech-Language Pathologists, Inc.

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Request for Services/Waitlist Form 2024

| Child's Name | DOB |
|---|--|
| Age | |
| Address | |
| City/Zip | |
| Mother's/Father's/Guardian's/Partner's | |
| | |
| Email: | Cell: |
| Father's/Mother's/Guardian's/Partner's | |
| Name | |
| Email: | Cell: |
| | |
| What is the best phone # to reach you? May we leave a message for you on this nur | mber? \(\square\) Yes \(\square\) No |
| Copies of previous speech-language pate from an occupational therapist, IEP, or or report that is no older than 11 month difficulties can usually suffice with a so anything other than a very mild, simple companies do require an initial assessm and therefore, if our therapy is based of | loaded from our website: www.hamaguchiandassociates.com) 3. hology reports, as well as any other pertinent reports, such as those psychologist. We will need to have some kind of speech evaluation is old, in order to begin services. Children with minor articulation betweening by our staff. If you have no report and your child has deficit, we will need to perform an evaluation first. Insurance tent and treatment plan (goals). IEPs are considered "educational" in an IEP, your insurance company will decline coverage, indicating tonal in nature rather than medical. But we will try to minimize |
| What services are you requesting to be sched ☐ Assessment ☐ Individual or Group Services ☐ I'm not sure what my child needs. | uled? (Please send us all previous reports and we will give you input on this) |
| Please fill out this form and return it to our | 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.

| ASSESSMENTS |
|---|
| My child needs to be assessed: □Yes □No □I'm not sure |
| I would like the following type of assessment: |
| □ Articulation Assessment - \$450 □ Articulation Assessment including phonological awareness testing/hearing screening for ages 4 and up \$650 □ Birth-Age 2: speech-language assessment for children - \$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 □ Bilingual Assessment for Toddlers/Preschoolers up to age 3 years 11 months (Mandarin/English or Cantonese/English) \$2000; with articulation \$2300 □ Bilingual Assessment for children ages 4 up to 5 years 11 months (Mandarin/English or Cantonese/English) \$3000; with articulation \$3300 □ Bilingual Assessment for children ages 6 years and up (Mandarin/English or Cantonese/English) |
| \$4000; with articulation \$4300 ☐ 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 (\$170x 2=\$340) plus \$340 for the report, total \$680. For two 45-minute sessions would be \$1020. For three 45-minute sessions, would be \$1360. 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) |
| *THERAPY *New clients with previous assessments should expect that initially, at least 1 or 2 sessions will be spent on our staff obtaining updated/supplemental testing in order to develop appropriate treatment goals and to establish baselines for the skills we will be working on with your child. This provides us with necessary data with which we can measure future progress and also helps our staff pinpoint gaps in learning/skills and zero in on what your child needs. Assessment sessions are billed at twice the usual therapy fee for the time spent. You will be provided with the testing results and updated goals. New clients with no prior assessment reports will need to start with an assessment. |
| 1. What kind of therapy would you like for your child? |
| □ at the office □ teletherapy □ at my home □ I'm flexible! |
| How many sessions per week do you wish to schedule? |

3. Fax it or email it (frontoffice.hamaguchi@gmail.com), or mail this form, plus your letter, to our office.

| 2. How long for each session? | |
|--|--|
| ☐ 30-minute individual sessions, | ☐ One hour at the office (\$226) |
| available before 2pm only (\$113) *must schedule a minimum of 2 per week* | ☐ One hour at your home (\$310) |
| ☐ 45-minute individual sessions (\$170) | |
| 3. Do you have a preference for which speech pat | thologist works with your child? |
| 4. <i>Days</i> your child is available (please check all that a ☐ Monday ☐ Tuesday ☐ Wednesday ☐ T | |
| 5. Times your child is available to START each sessio 8:15am to 10am 10am to 11:15am 1pm to 2pm 2pm to 3pm | on (please check all that apply): |
| ☐ 3 pm to 4:45 pm | |
| GROUP THERAPY (3-6 children) or DYAD (Group | o of 2 children) |
| Are you interested in a group for your child? □Yes | □No □Maybe |
| Group of 2 (dyad) 50 minutes \$170 | |
| Group Rates: 45 minute group: \$120 60 minute group: \$160 75 minute group: \$200 | |
| appropriate manner in a playful and fun environme | d and use language (verbal and body language) in an agent with their peers. We work on helping children be less heir peers, as well as the adults. What days/times is your |
| | |

HANEN PROGRAM FOR PARENTS (More Than Words®)

We offer a Hanen group parent coaching via Zoom classes, in **January of each year**, conducted by Kristen White, our Director. The More Than Words® program is for parents who have children diagnosed with autism or other social communication difficulties. This 12-week program is for children ages 18 months to 5 years old. It is \$999 for the 8 group parent-training sessions and 1 pre-program consultation + 3 individual video feedback sessions each billed at our hourly rate (\$226). This program provides concrete strategies to help you help your children learn to talk, or talk more. It also provides information on building social connections with others. This program can be taken instead of therapy or alongside therapy. Days/times vary. If you would like more information about this program, please indicate so here below:

| \neg | I'm interested! | Please send me | mare infarn | nation aho | ut the Hanen | More Than | Words |
|--------|-----------------|----------------|-------------|------------|--------------|-----------|-------|
| | | | | | | | |

(Will be offered January 2025)

Waitlist

| Please put my child on your waitlist! | |
|--|---------------------------|
| We do not have a waitlist for after-school appointments as the current list is very times (morning/early afternoons) have more frequent openings and so we can of timeframes only. If you'd like to be included on our waitlist for mornings and ear please check off the box above. | fer a waitlist for those |
| I am the financially-responsible parent who will guarantee payment for the progradivorced and sharing joint custody under court order, both parents must sign) | ram to be scheduled. (*If |
| (Please print your name here) | |
| * Signature of parent who is financially committing to pay for this program | Date |
| Signature of Parent with Joint Legal Custody | Date |