



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
Name _____
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 number? Yes No

What we need from you prior to beginning therapy or scheduling an assessment:

1. This Request for Services Form.
2. A Patient History Form (can be downloaded from our website: www.hamaguchiandassociates.com)
3. Copies of previous speech-language pathology reports, as well as any other pertinent reports, such as those from an occupational therapist, IEP, or psychologist. We will need to have some kind of speech evaluation or report that is no older than 11 months old, in order to begin services. Children with minor articulation difficulties can usually suffice with a screening by our staff. If you have no report and your child has anything other than a very mild, simple deficit, we will need to perform an evaluation first. Insurance companies do require an initial assessment and treatment plan (goals). *IEPs are considered "educational" and therefore, if our therapy is based on an IEP, your insurance company will decline coverage, indicating it is duplication of services and educational in nature rather than medical.* But we will try to minimize testing whenever possible!

What services are you requesting to be scheduled?

- Assessment**
- Individual or Group Services**
- I'm not sure what my child needs.** *(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.
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 needs to be assessed: ____ yes _____ no _____ I'm not sure

I would like the following type of assessment:

- Articulation Assessment - **\$250** (If no report is required - \$196; *pronunciation issues only*)
- Birth-Age 2: speech-language assessment for children - **\$600**
- Bilingual Assessment for Toddlers (Mandarin/English or Cantonese/English) \$800
- Age 3 to 4 years 11 months: speech-language assessment: **\$800**
- Age 5 years to 6 years 11 months: speech-language assessment **\$1000**
- Ages 7 and up speech-language assessment **\$1299. **with auditory processing tests \$1500**
- 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 but do not include a written report. Reports are billed separately with our "Additional Services Form."
- An initial mini-assessment for a child wishing to join a group (group only therapy) **\$400**
- 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 **\$1599**

THERAPY

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? _____

2. How long for each session?

- 30-minute individual sessions typically available before 2pm only (\$103) 45-minute individual sessions (\$155)
must schedule a minimum of 2 per week One hour (\$204)

3. Do you have a preference for which speech pathologist works with your child?

4. Days your child is available (please check all that apply):

- Monday Thursday
 Tuesday Friday
 Wednesday Saturday am teletherapy

5. Times your child is available to START each session (please check all that apply):

- 8:00-8:15 (Amber only) 3pm to 4:45pm
 8:15am to 10am
 10am to 11:15am
 1pm to 2pm
 2pm to 3pm

GROUP THERAPY (3-6 children) or DYAD (Group of 2 children)

Are you interested in a group for your child? _____ **yes** _____ **no** _____ **maybe**

Groups are used to teach children how to understand and use language (verbal and body language) in an age-appropriate manner in a playful and fun environment with their peers. What days/times is your child available for a group?

HANEN PROGRAMS FOR PARENTS (It Takes Two to Talk® & More Than Words®)

We provide two different Hanen group parent coaching via Zoom classes, in **October and January of each year**. It Takes Two to Talk® is for parents of young children who are speech-delayed. More Than Words® is for parents who have children diagnosed with autism or other social communication difficulties. Both are for children ages 18 months to 5 years old. Each is a 12-week program with \$800 for the 8 group parent-training sessions and 1 pre-program consultation + 3 individual video feedback sessions each billed at our hourly rate (\$204) with the total of each program costing no more than \$1,616. These programs provide concrete strategies to help you help your children learn to talk, or talk more. The More Than Words® program also provides information on building social connections with others. These classes can be taken instead of therapy or alongside therapy. Days/times vary. If you would like more information about either of these programs, please indicate so here and let us know which program you are interested in:

It Takes Two to Talk®

More Than Words®

_____ **October program**

_____ **January program**

6. I have read, understand, and agree to all pages of the Office Policies. I am the financially-responsible parent who will guarantee payment for the program to be scheduled. (*If divorced and sharing joint custody under court order, both parents must sign)

(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