



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

Waitlist Request Form
(Morning, Teletherapy & Assessment only:
All other services can proceed with a 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 services are you requesting to be scheduled?

- Assessment**
- Individual Therapy**
- 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, and reasons for seeking an assessment and/or therapy at our office.
2. 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 - **\$450**
- Articulation Assessment including phonological awareness testing/hearing screening for ages 5 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)
- AAC Assessment with app combined with comprehensive speech-language assessment **\$2200**

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?

- | | |
|---|---|
| <input type="checkbox"/> 30-minute individual sessions typically available before 2pm only (\$113) *must schedule a minimum of 2 per week* | <input type="checkbox"/> 45-minute individual sessions (\$170) <input type="checkbox"/> One hour (\$226) |
|---|---|

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):

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Saturday teletherapy |

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

- 8:15am to 10am
- 10am to 11:15am
- 1pm-2pm

(Please note: We are not taking waitlist requests for afternoon in-person appointments)

- Teletherapy 1-2pm
- Teletherapy 2-3pm

Teletherapy after 3pm

Date submitted: _____