



WILLIAM PATERSON

UNIVERSITY

SPEECH AND HEARING CLINIC

300 POMPTON ROAD

WAYNE, NEW JERSEY 07470-2103

Phone 973.720.2207 Fax 973.720.3357

Dear Prospective Client,

Thank you for inquiring about the Speech and Hearing Clinic at William Paterson University. The clinic offers assessment and treatment for children and adults with communication disorders or differences including, but not limited to, the following areas: articulation, expressive and receptive language, voice, stuttering, aphasia, traumatic brain injury and accent modification.

The Clinic is part of the training for students in the Master of Science program in speech/language pathology. Services are provided by students who are supervised by licensed and certified speech/language pathologists. Therapy is provided on a semester basis and begins at the onset of the semester in January, May and September. Therapy sessions are typically 50 minutes in duration. Individual and group therapy sessions are available and are determined based on a client's needs and availability within the Clinic. All services are available only in English.

Please complete the enclosed forms and return them to the Speech and Hearing Clinic promptly. In order to initiate therapy, a speech/language report or progress report must be attached to the application. If an evaluation has not been completed or is dated more than one year ago, you will be contacted to schedule an evaluation. Please attach any other pertinent information including medical/educational/therapy evaluations, progress notes from other therapists, and Individualized Educational Plans/Individual Family Service Plans.

We try to service as many clients as possible. Unfortunately, we are not always able to accommodate everyone who seeks services each semester. You will be contacted prior to the start of the semester for which you apply for services to determine your time availability. Flexibility in a client's schedule increases the likelihood of services being provided in a timely fashion. Clients remain on a waiting list until services are available.

If you have further questions please feel free to contact me at 973-720-3359.

Sincerely,

Eileen Fasanella, M.A., CCC-SLP
Clinic Director



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Phone 973.720.2207 Fax 973.720.3357

Hours of Operation

Monday-Friday

8:30 AM-4:30 PM

*Evening appts. also
available*

Speech Session Time

50 Minutes

(1 Hour Scheduled)

Speech Semesters

(11 or 12 weeks)

Fall

September-December

Spring

January-April

Summer TBA

Fees & Services

Speech & Language

Evaluation

\$225.00

Speech & Language

Therapy

\$450.00 per semester

(2 sessions per week)

\$225.00 per semester

(one session per week)

Group Therapy

Group rates vary by

Semester

Please call for Group Rates

Speech and Hearing

Clinic

Clinic Secretary

973-720-2207

Clinic Director

973-720-3359

Clinic Fax Number

973-720-3357

Clinic Email

speechclinic@wpunj.edu

The Speech and Hearing Clinic at William Paterson University is a clinical facility within the Department of Communication Disorders that is designed to provide assessment and treatment for all disorders of communication. An evaluation and/or treatment at the clinic will benefit any adult or child demonstrating communication difficulties.

Children may have communication difficulties because of:

- Developmental speech/language delay or disorder
- Neurogenic language disorders, aphasia
- Motor speech disorders, apraxia
- Stuttering
- Voice Disorders
- Accent Reduction

Adults may have difficulties that result from:

- Cerebrovascular accident (stroke)
- Traumatic Brain Injury
- Dementia
- Progressive neurogenic disease (i.e. Parkinson's disease)

How to Apply to the Speech and Hearing Clinic

Applications to the clinic are accepted on a continuing basis. However, new clients are only accepted into the program at the start of each semester (January, May and September). When your application is received, you will be placed on a waiting list and contacted when an opening at the clinic becomes available. Speech and Language evaluations are done by appointment throughout the year.

Description of Fees and Services

The clinical program at the Speech and Hearing Clinic demonstrates a variety of innovative assessment and intervention modes. After completion of an intake interview, an evaluation plan is proposed, which may include the following:

Speech and Language Evaluation...\$225.00 per evaluation

To assess the status of language development, articulation, fluency, voice or neurogenic language impairment.

Speech and Language Therapy.....\$450.00-2Xper week/\$225.00-1Xper week



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ADULT APPLICATION

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The Clinic is part of the training for student in the Master of Science program in speech/language pathology. Services are provided by students who are supervised by licensed and certified speech/language pathologists. Therapy is provided on a semester basis. Therapy begins at the onset of the semester in January, May and September. Therapy sessions are typically 50 minutes in durations. Individual and group therapy sessions are available and are determined based on a client's needs and availability within the Clinic. All services are only available in English.

HOW TO APPLY

Applications to the Clinic are accepted on a continuing basis. However, new clients are only accepted into the program at the start of each semester (January, May and September). **When your application is received, you will be placed on a waiting list and contacted when an opening at the center becomes available.** Speech and Language evaluations are done by appointment throughout the year.

DESCRIPTION OF FEES AND SERVICES

The clinical program at the Speech and hearing Clinic demonstrates a variety of innovative assessment and intervention modes. After completion of an intake interview, an evaluation plan is proposed, which may include the following:

Consultation/Observation.....\$120.00 per hour

Speech and Language Evaluation.....\$225.00 per evaluation

To assess the status of language development, articulation, fluency, voice or neurogenic language impairment.

Speech and Language Therapy.....\$450.00 per semester (2X/week) \$225.00 per semester (1X/week)

Note: *Financial assistance may be available to those who qualify. Please contact the clinic for more information. Individual or small group intervention for the remediation of communication disorders provided on a per semester basis. Fees subject to change.*

<u>SPEECH SESSION TIME</u>	<u>INDIVIDUAL THERAPY</u>	<u>GROUP THERAPY</u>	<u>HOURS OF OPERATION</u>
50 Minutes (1 hour schedule)	\$450.00 (2 sessions/week) \$225.00 (1 session/week)	Group Rates Vary Please call for rates	Monday-Friday 8:30 AM-4:30 P

ADULT APPLICATION

GENERAL INFORMATION

APPLICATION

DATE: _____

SERVICE REQUESTED: THERAPY EVALUATION

CLIENT NAME: _____

NICKNAME: _____

DATE OF BIRTH: / /

AGE: _____

GENDER: MALE FEMALE

CLIENT ADDRESS:

Street Address

Apartment/Unit #

City

State

Zip Code

EMAIL ADDRESS: _____

HOME PHONE: _____

CIRCLE ONE: MOTHER / FATHER / GUARDIAN/ SPOUSE/ OTHER

CELL PHONE: _____

CIRCLE ONE: MOTHER / FATHER / GUARDIAN/ SPOUSE/ OTHER

WORK PHONE: _____

CIRCLE ONE: MOTHER / FATHER / GUARDIAN/ SPOUSE/ OTHER

MARITAL STATUS:

SINGLE MARRIED DIVORCED SEPERATED OTHER

REFERRED BY: _____

RELATIONSHIP TO CLIENT: _____

HANDEDNESS : _____

OCCUPATIONAL

HISTORY: _____

Educational History:

SEMESTER INFORMATION

The information that you provide in this section is regarding your semester preferences for future scheduling upon acceptance into the program. New clients are only accepted into the program for therapy at the start of each semester (January, May, and September). We will do our best to meet all requests, but certain time slot availability is limited.

PLEASE CHECK ANY TIME SECTION IN WHICH THE CLIENT IS **GENERALLY** AVAILABLE TO RECEIVE THERAPY

FALL (September-December)

SPRING (January-April)

ONE SESSION PER WEEK

Monday Tuesday Wednesday Thursday

Morning (9am -11:30am) Afterschool (2pm – 3:30pm)

Afternoon (12pm -2pm) Evening (4pm – 7pm)

Other: _____

TWO SESSIONS PER WEEK

Monday/Wednesday Tuesday/Thursday

Morning (9am -11:30am) Afterschool (2pm – 3:30pm)

Afternoon (12pm -2pm) Evening (4pm – 7pm)

Other: _____

SPEECH AND LANGUAGE COMMUNICATION

Why are you seeking services at the Speech And Hearing Clinic?

Describe the nature of your current speech/language/cognitive difficulties and how this affects your daily activities, job, home, life, etc:

Please describe, in detail, your medical history, including hospitalizations, operative history, illnesses and current medications:

Are you experiencing any weakness in your upper/lower extremities? In your face? Please describe.

Are you currently experiencing any swallowing difficulties? Any past history of difficulties? List any special diet or consistency requirements:

Have you received speech/language/cognitive therapy at another facility? If yes, where and for how long?

Have you undergone any other testing such as audiological, psychological, neurological, etc? If so, what were the results?

What physicians are currently involved in your care?

What would you like to accomplish at the Speech and Hearing Clinic?

Please list all individuals in your household.

Is there any additional pertinent information that will help us in providing therapy?

Please mail, email or fax completed application to:

Speech and Hearing Clinic
William Paterson University
300 Pompton Road
Wayne, NJ 07470
speechclinic@wpunj.edu
fax 973-720-3357

Or drop off at University Hall, Lower Level, Room 009

PLEASE ATTACH ANY SPEECH/LANGUAGE DIAGNOSTIC REPORTS PREVIOUSLY COMPLETED

PLEASE CONTINUE TO THE NEXT PAGE FOR THE STATEMENT OF UNDERSTANDING.

STATEMENT OF UNDERSTANDING

The Speech and Hearing Clinic is an integral part of the teaching and research programs of William Paterson University. Substantially, all services at the Clinic are performed by graduate students working under the supervision of the qualified faculty and clinical associates. Evaluations and tutorial sessions with children and conferences with their parents are, from time to time, observed by students through one-way mirrors, or recorded on video or audio tape for future discussions by groups of students and their instructors at the University. For this reason, the Clinic can accept, for service only, those clients who are willing to cooperate with the educational and research activities of the Clinic, as indicated above. Applicants may be assured that such activities will in no way interfere with the quality of services provided:

I have read the above statement and agree:

- a) These services may be rendered to me or my child by graduate students, faculty, and clinical associates.
- b) That the sessions in which I and/or my child participate may be viewed by students at the Center, or may be recorded on audio or video tape and used in connection with the teaching and research programs of the Center, including presentations at professional meetings.

Parent/Guardian

Date

For Internal Use Only

Date Received:	Faxed: _____ Emailed: _____ Mailed: _____ Client Delivered: _____	Notes:
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Clinic Secretary Signature (If Applicable)

Director Signature (If Applicable)

William Paterson University
Department of Communication Disorders and Sciences
SPEECH AND HEARING CLINIC

ATTENDANCE AGREEMENT

I understand that the William Paterson University Speech and Hearing Clinic's primary goal is to provide its students, under the supervision of ASHA certified personnel, with diagnostic and therapeutic experiences in preparation for professional practice as Speech-Language Pathologists. I understand that if the services I or my child require are beyond the scope of those provided at the Clinic, I will be referred to a more appropriate clinical setting.

Since the clinic is part of a training program, consistency of client attendance is essential for both the student-clinician and the client to obtain optimal benefits from the program. I understand that two absences are permitted per fall and spring semester and one absence is permitted during summer sessions. I further understand that absences in excess of that could result in termination from the program.

Client (Parent) Signature

Date