

WMU Unified Clinics
Charles Van Riper Language, Speech and Hearing Clinic
1000 Oakland Drive, Kalamazoo, MI 49008 (269) 387-8047

APPLICATION FOR THERAPY

Semester: (Check One) FALL SPRING SUMMER 20_____

CLIENT NAME _____ ADDRESS _____

CITY/STATE/ZIP _____ *PHONE _____

AGE _____ BIRTH DATE _____ PARENT/GUARDIAN or SPOUSE _____

CLIENT'S DISORDER TYPE / MAIN SPEECH CONCERN _____

*A representative of the clinic has permission to leave a message at this number: **YES** **NO**

HOURS CLIENT IS AVAILABLE

Scheduling is done at the beginning of each semester and involves matching client, student, and supervisor availability. Due to our clinical and educational needs, clients with availability twice a week will have higher priority than those with once a week availability. Please provide all times client is available for services. We will make every effort to schedule according to the hours requested; **however we cannot guarantee services for a given semester. Check ALL pairs of hours the client could come to the clinic:**

- | | |
|--|---|
| <input type="checkbox"/> M / W 8:00 - 8:50 | <input type="checkbox"/> T / TH 8:00 - 8:50 |
| <input type="checkbox"/> M / W 9:00 - 9:50 | <input type="checkbox"/> T / TH 9:00 - 9:50 |
| <input type="checkbox"/> M / W 10:00 - 10:50 | <input type="checkbox"/> T / TH 10:00 - 10:50 |
| <input type="checkbox"/> M / W 11:00 - 11:50 | <input type="checkbox"/> T / TH 11:00 - 11:50 |
| <input type="checkbox"/> M / W 12:00 - 12:50 | <input type="checkbox"/> T / TH 12:00 - 12:50 |
| <input type="checkbox"/> M / W 1:00 - 1:50 | <input type="checkbox"/> T / TH 1:00 - 1:50 |
| <input type="checkbox"/> M / W 2:00 - 2:50 | <input type="checkbox"/> T / TH 2:00 - 2:50 |
| <input type="checkbox"/> M / W 3:00 - 3:50 | <input type="checkbox"/> T / TH 3:00 - 3:50 |
| <input type="checkbox"/> M / W 4:00 - 4:50 | <input type="checkbox"/> T / TH 4:00 - 4:50 |
| <input type="checkbox"/> M / W 5:00 - 5:50 | <input type="checkbox"/> T / TH 5:00 - 5:50 |
| <input type="checkbox"/> M / W 6:00 - 6:50 | <input type="checkbox"/> T / TH 6:00 - 6:50 |

Form completed by _____ Relationship to client _____ Date _____

CLINIC FEES: There is flat fee due at the start of each semester (with a payment plan option available) for services provided in the Charles Van Riper Language, Speech and Hearing Clinic. However, it is clinic policy that no one be denied services because of inability to pay. Please contact Dawnn Decker, Payment Coordinator, for more information (387-7301).

TO BE COMPLETED BY CLINICIAN / SUPERVISOR

PRIORITY: high / mid / low **APPROPRIATE FOR:** 4000 / 6700 **APPROPRIATE FOR OBSERVATION:** Y / N

SPECIAL NEEDS/CONSIDERATIONS _____

CANDIDATE FOR: Preschool (PLIP) _____ ACE Program _____ Preschool ESL Group _____ Phonology Group _____

Aural Rehab Group _____ ESL Group _____ Social Skills Group _____ Other Small Group _____

Diagnosis and Comments: _____

Student / Supervisor Signature: _____