

University Center for the Development of Language and Literacy (UCLL)

Language and Literacy Services Application

I am applying for the following programs (please check):

- | | |
|---|---|
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Reading to Learn |
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Preschool and Communication Therapy (PACT) |

IDENTIFYING INFORMATION

Child's name: _____ Age: _____ Sex: _____ M _____ F
 Address: _____ Birthdate: _____
 _____ Home Phone #: _____

FAMILY INFORMATION

Caregiver 1: _____	Occupation: _____
Address: _____ (if different from child's)	Work Phone: (____) _____
_____	Home Phone: (____) _____
Education: _____	Cell Phone: (____) _____
U of M Employee# _____	Email: _____
Caregiver 2: _____	Occupation: _____
Address: _____ (if different from child's)	Work Phone: (____) _____
_____	Home Phone: (____) _____
Education: _____	Cell Phone: _____
U of M Employee # _____	Email: _____

Please list children and adults who live in child's home:

NAME	AGE	RELATIONSHIP

Name of person filling out questionnaire: _____

Relationship to client: _____

Date form completed: _____

Does anyone in your family have a history of speech, language or reading difficulties? ____ Yes ____ No

Please explain: _____

—

I am concerned about my child's:

- | | | |
|-------------------------------|----------------------------|----------------------|
| ___ understanding of language | ___ ability to communicate | ___ speech |
| ___ reading | ___ writing | ___ spelling |
| ___ math | ___ social interaction | ___ academic success |

SPEECH, LANGUAGE AND LEARNING INFORMATION

1. Please describe your concerns about your child's language, literacy and/or learning abilities.

2. When were the difficulties first noted?

3. Has the problem ____ improved ____ worsened ____ remained the same? Please explain:

4. Are there situations in which your child has particular difficulty?

____ Yes ____ No If yes, please describe: _____

5. Did your child ever acquire speech and then slow down or stop talking? ____ Yes ____ No

If yes, how old was your child? ____ Describe: _____

6. Is your child bilingual? ____ Yes ____ No Other Language: _____

What is the primary language used at home? _____

7. Which of the following does your child use most frequently to communicate?

- | | |
|--|------------------------------------|
| _____ complete sentences | _____ unintelligible speech sounds |
| _____ multiple word phrases, but not sentences | _____ gestures |
| _____ single words | _____ other _____ |

8. Does your child have difficulty producing specific speech sounds? _____ Yes _____ No

If yes, which ones: _____

9. How well can your child communicate with:

	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
parents	_____	_____	_____
siblings	_____	_____	_____
strangers	_____	_____	_____
playmates	_____	_____	_____
teachers	_____	_____	_____

10. When you speak to your child she/he seems to understand (check one):

- _____ everything _____ most everything _____ very little

Explain:

11. How has your child's language-learning difficulties affected the following?

Social interactions with peers: _____

Willingness to talk to others: _____

Participation in the classroom: _____

Academic success: _____

12. Do you feel that your child's self-esteem has been compromised by his/her language learning abilities? _____ Yes _____ No If yes, please describe: _____

13. Has your child's hearing been tested? _____ Yes _____ No

If yes, please provide date and result of testing: _____

14. Are there situations in which your child is successful relative to the areas of concern?

_____ Yes _____ No If yes, please describe: _____

a) Please describe what your child does well

b) Please describe your child's interests

c) Please describe your child's strengths

15. Please describe any current related services that your child receives _____

16. Is your child currently enrolled in language therapy? _____ Yes _____ No

If yes, has it helped? _____

sessions weekly: _____ Length of each session: _____

17. Please describe your child's current school placement and services _____

School name: _____ Grade: _____

Address: _____ Phone: _____

City: _____ Teacher(s)/Program(s): _____

18. What is your impression of your child's learning abilities? _____

19. How does your child talk about school? Describe

20. For my child to achieve success and self-confidence, I feel the most immediate need is _____

21. Is there anything else you feel we should know about your child? _____

MEDICAL AND DEVELOPMENTAL HISTORY

1. How would you describe your child's health currently?

_____ excellent _____ good _____ fair _____ poor*

*Explain:

2. Were there any unusual circumstances during the mother's pregnancy or delivery?

_____ Yes _____ No

If yes, please describe: _____

3. At approximately what age did your child do the following:

_____ sit unassisted _____ walk
_____ say first word _____ speak in sentences

4. Has your child had any ear infections? _____ Yes _____ No

If yes, # of ear infections _____ Were tubes used to drain fluid? _____ Yes _____ No

5. Has your child had any major illnesses? _____ Yes _____ No

If yes, please describe: _____

6. Has your child ever had a severe blow to the head (e.g., falling on head, accidentally hit head, etc.)?

_____ Yes _____ No

If yes, did she/he (check all that apply):

_____ lose consciousness _____ suffer a concussion _____ experience vomiting

7. Please complete the following regarding any medication your child is taking

Medication	Dosage	Frequency of Administration	Reason for Meds

8. How did you hear about us? _____

9. Name of person who referred you to this clinic (if applicable): _____

Address: _____

Phone# (_____) _____ Profession: _____

PROFESSIONAL SERVICES (Please provide information on any services that your child has received)

Speech & Language Examination/Therapy

Person/Agency	_____
Address:	_____
Dates:	_____
Findings:	_____

Reading/Writing Assessment/Services

Person/Agency	_____
Address:	_____
Dates:	_____
Findings:	_____

Hearing Testing

Person/Agency	_____
Address:	_____
Dates:	_____
Findings:	_____

Psychological Testing / Counseling

Person/Agency	_____
Address:	_____
Dates:	_____
Findings:	_____

Behavioral Evaluation / Management

Person/Agency _____
Address: _____
Dates: _____
Findings: _____

FINANCIAL INFORMATION

Name _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

- UCLL is a non participating provider with all insurance companies, including Medicare and Medicaid. Most insurance carriers will not cover the costs of intensive speech-language therapy. However, if you believe your insurance carrier will reimburse you for all or part of your payment to us, and we have no past history of failure to pay by your insurance carrier, we would be pleased to assist you in filing your claim, at no extra charge. Please contact UCLL’s Business Office at (734) 764-8440 who will direct you to the person who can assist you with this process.
- If any portion of the fees are not covered by your insurance carrier or other funding agencies, will you be able to meet the cost of this program yourself? _____ Yes _____ No
 If no, have you made application to any organization for help? _____ Yes _____ No
 Name of agency / organization _____

Address _____

Street City State Zip
Person Contacted _____ Title _____

Phone # (____) _____

INSURANCE INFORMATION (You are responsible for any charges not covered by your insurance company.)

Name of **Primary** Insurance _____

Phone # (____) _____ Subscriber Name _____

Subscriber SS # _____ - _____ - _____ Employer _____

Policy/Contract # _____ Group/Control # _____

Insurance Address _____

Insurance Representative: _____ Phone # (____) _____

Name of **Secondary** Insurance _____

Phone # (____) _____ Subscriber Name _____

Subscriber SS # _____ - _____ - _____ Employer

Policy / Contract # _____ Group / Control # _____

Insurance Address

Insurance Representative _____ Phone #

(_____)

➤ **Please attach a photocopy of your Health Insurance Card(s)**

- **A letter of medical necessity from your physician is required for billing purposes.**
- **Written pre-authorization of services must be received from your insurance prior to services.**
- **Full payment is expected at the time services are rendered regardless of your hopes for reimbursement from your insurance carrier.**
- **University Center for the Development of Language and Literacy accepts most major credit cards.**