Institute for Human Adjustment
UNIVERSITY OF MICHIGAN

UNIVERSITY CENTER FOR THE DEVELOPMENT OF LANGUAGE AND LITERACY

Child & Teen Program Application

Table of Contents

PLEASE READ THIS PACKET THOROUGHLY.

Programs & Services of Interest

I am applying for the following services for my child (check all that apply):

- ☐ Preschool & Communication Therapy (PACT)
- ☐ Core Preschool & Communication Therapy (Core PACT)
- ☐ Individual Therapy
- ☐ Evaluation

Child's Personal Information

Name of Child _____

Address _____ City _____ State _____ ZIP _____

Date of Birth _____ Age _____ Sex: ☐ Male ☐ Female

Family Information

Name of Primary Caregiver _____ Occupation _____

Address _____ City _____ State _____ ZIP _____

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

E-Mail _____ U of M Employee # *(if applicable)* _____

Education _____

Name of Secondary Caregiver _____ Occupation _____

Address _____ City _____ State _____ ZIP _____

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

E-Mail _____ U of M Employee # *(if applicable)* _____

Education _____

List all children and adults who live in the child's home.

Name	Age	Relationship to Child

Name of Individual Filling Out Application _____

Relationship to Child _____

Has anyone in your family had a speech, language, or reading difficulty? ☐ Yes ☐ No

If yes, please describe. _____

_____

Please indicate if you are concerned about your child's:

☐ Reading ☐ Spelling ☐ Understanding of language ☐ Academic success
☐ Speech ☐ Math ☐ Ability to communicate ☐ Social interaction

Speech, Language, & Learning Information

Describe your impression of and concerns about your child's language, literacy, and/or learning abilities. _____

When were the difficulties first noted? _____

The difficulties have ☐ improved ☐ worsened ☐ stayed the same

Please describe. _____

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

If yes, please describe. _____

Does your child have difficulty producing specific speech sounds? ☐ Yes ☐ No

If yes, please describe which ones. _____

Are there any other situations in which your child has particular difficulty? ☐ Yes ☐ No

If yes, please describe. _____

_____

Indicate how your child's language-learning difficulties have affected the following:

Social interactions with peers: _____

_____

Willingness to talk to others: _____

_____

Participation in the classroom: _____

_____

Academic success: _____

_____

Has your child's self-esteem been compromised by his/her language-learning abilities? ☐ Yes ☐ No

If yes, please describe. _____

_____

Indicate which of the following your child uses most frequently to communicate:

☐ Complete sentences
☐ Multiple word phrases, not sentences
☐ Single words
☐ Unintelligible speech sounds
☐ Gestures
☐ Other _____

Speech, Language, & Learning Information (continued)

Indicate how well your child communicates with:

	Parents	Siblings	Playmates	Teachers	Strangers
Well	_____	_____	_____	_____	_____
Fair	_____	_____	_____	_____	_____
Poor	_____	_____	_____	_____	_____

Has your child's hearing been tested? ☐ Yes ☐ No

If yes, when? _____ What was the result of testing? _____

Is your child bilingual? ☐ Yes ☐ No

If yes, what is your child's other language? _____

What language is primarily used in your child's home? _____

Is your child currently enrolled in language therapy and/or tutoring? ☐ Yes ☐ No

If yes, has it helped? _____

No. of weekly sessions _____ Length of each session _____

Describe any other related services that your child currently receives. _____

_____

Describe what your child does well. _____

_____

_____

Describe your child's strengths. _____

_____

_____

Describe your child's interests. _____

_____

_____

Are there situations in which your child is successful relative to the areas of concern? ☐ Yes ☐ No

If yes, please describe. _____

_____

Describe your child's current school placement and services. _____

_____

Name of Your Child's School _____ Phone ( ) _____

Address _____ City _____ State _____ ZIP _____

Your Child's Grade Level _____ Teacher(s)/Program(s) _____

Describe how your child talks about school. _____

_____

_____

Speech, Language, & Learning Information (continued)

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

_____

_____

Describe anything else you feel we should know about your child. _____

_____

_____

Medical & Developmental History

How would you describe your child's health currently? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

If "poor," please describe. _____

_____

Were there any unusual circumstances during the mother's pregnancy or delivery? ☐ Yes ☐ No

If yes, please describe. _____

_____

Indicate the age at which your child did the following:

_____ Sat unassisted _____ Said first word _____ Walked _____ Spoke in sentences

Has your child had any major illnesses? ☐ Yes ☐ No

If yes, please describe. _____

_____

Has your child ever had a severe blow to the head (e.g. fall on head, accidentally hit head, etc.)? ☐ Yes ☐ No

If yes, did he/she (check all that apply): ☐ Lose consciousness ☐ Suffer a concussion ☐ Vomit

Has your child had any ear infections? ☐ Yes ☐ No

If yes, how many? _____ Were tubes used to drain fluid? ☐ Yes ☐ No

Using the chart below, please indicate the medication(s) your child is currently taking.

Medication	Dosage	Frequency	Reason(s) for Medication

Allergies _____

_____

Referral Source Information

To help us better understand how our applicants find us, please tell us how you heard about us.

☐ Professional (speech-language pathologist, physician, etc.) *(please specify)*:

Name _____ Profession _____

Hospital or Affiliation _____

Address _____ City _____ State _____ ZIP _____

Work Phone ( ) _____ Cell Phone ( ) _____

E-Mail _____

☐ Former UCLL Client or Family Member *(please specify)*: _____

☐ Media (newspaper article, radio, etc.)

☐ Web Search (Google, Yahoo, Bing, etc.)

☐ UCLL Website (www.languageexperts.org)

☐ UCLL eBlast

☐ DyslexiaHelp Website (www.dyslexiahelp.umich.edu)

☐ Print Material (brochure, magnet, etc.)

☐ Conference or Event

☐ Other *(please specify)*: _____

_____

Previous Speech-Language Examination/Therapy

Name of Facility _____ Name of Professional _____

Dates Attended _____ Frequency of Attendance _____

Address _____ City _____ State _____ ZIP _____

Phone ( ) _____ ☐ Report Available

Previous Reading/Writing Assessment/Services

Name of Facility _____ Name of Professional _____

Dates Attended _____ Frequency of Attendance _____

Address _____ City _____ State _____ ZIP _____

Phone ( ) _____ ☐ Report Available

Previous Hearing Testing

Name of Facility _____ Name of Professional _____

Dates Attended _____ Frequency of Attendance _____

Address _____ City _____ State _____ ZIP _____

Phone ( ) _____ ☐ Report Available

Previous Psychological Testing/Counseling

Name of Facility _____ Name of Professional _____

Dates Attended _____ Frequency of Attendance _____

Address _____ City _____ State _____ ZIP _____

Phone ( ) _____ ☐ Report Available

Financial Information

Name of Individual Filling Out Application _____

Home Phone ( ) _____ Work Phone ( ) _____ Cell 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 if 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 to speak to someone who can assist you.

If any portion of fees for UCLL services are not covered by your insurance carrier or other funding agencies, will you be able to cover the cost of services yourself? ☐ Yes ☐ No

If no, have you applied to any organization for help? ☐ Yes ☐ No

Name of Agency/Organization _____

Address _____ City _____ State _____ ZIP _____

Person Contacted _____ Title _____

Phone ( ) _____

Payment in full is expected at the time services are rendered, regardless of your hopes for reimbursement from your insurance carrier. Reimbursement from your insurance carrier will be sent to you by your insurance carrier.

UCLL accepts most major credit cards.

Payment in full is expected at the time services are rendered, regardless of your hopes for reimbursement from your insurance carrier. Reimbursement from your insurance carrier will be sent to you by your insurance carrier.

Name of **Primary** Insurance _____ Phone ( ) _____

Address _____ City _____ State _____ ZIP _____

Insurance Representative _____ Phone ( ) _____

Subscriber Name _____ Subscriber SSN _____ - _____ - _____

Policy/Contract No. _____ Group/Control No. _____

Name of **Secondary** Insurance _____ Phone ( ) _____

Address _____ City _____ State _____ ZIP _____

Insurance Representative _____ Phone ( ) _____

Subscriber Name _____ Subscriber SSN _____ - _____ - _____

Policy/Contract No. _____ Group/Control No. _____

Please remember to include the following insurance information with this application:

- ☐ A photocopy of your health insurance card(s) *(front and back)*
- ☐ A letter of medical necessity from your physician *(required for billing purposes)*
- ☐ A written pre-authorization of services from your insurance provider *(we must receive this prior to services)*