



*College of Education and Professional Studies
Department of Special Services
Speech Language Pathology*

We are pleased that you contacted our program for evaluation services. Enclosed you will find:

- 1. Map with directions to our clinic*
- 2. Case History questionnaire*
- 3. Permission for Speech-Language-Hearing Evaluation*

Please keep this letter and map for future reference.

Return items 2 and 3; completed Case History questionnaire and Permission for the evaluation to:

*Clinic Coordinator
Speech and Hearing Clinic
University of Central Oklahoma
100 N. University Drive
Edmond, OK 73034*

Only when these items have been received by us can we set up a file and contact you to make an appointment. Appointments will be scheduled in order of receipt and availability of student clinicians. Keep in mind that we follow a fourteen-week fall and spring semester and a seven-week summer semester schedule. If you send us the completed case history form after or during a particular semester, it may be several weeks before you are contacted to arrange the appointment. Be assured that we will reach you as soon as possible.

The night before your appointment, the student clinician assigned to your evaluation will contact you to confirm this appointment. The clinician may at that time also wish to clarify any information provided on the forms. If you have copies of current educational or medical information pertaining to your communication concerns, it would be helpful if you could either send them with the above forms or bring them with you to the evaluation.

The evaluation may include assessment of the understanding and use of the English language, the clarity of speech, voice and fluency and hearing acuity. The evaluation will be performed by a graduate student clinician under the supervision of a faculty member that is certified by ASHA, the American Speech-Language-Hearing Association. The evaluation may also be observed by other students in the program. Confidentiality of your records and the evaluation session are always held in strictest regard.

*If the client to be evaluated is a child, and they have questions about the procedure, you might very honestly and simply explain that he/she will get to wear earphones and listen to some little sounds. We require that **parents remain at the clinic during the entire evaluation period.***

*The typical length of evaluation process is **between 2 and 3 hours.** Immediately following the evaluation, the results of the tests and recommendations will be discussed with you in person. A formal written evaluation report will be mailed to you approximately **one month** following the evaluation. If you wish for us to send a copy to another source, you will need to sign a **Release of Information Form** from UCO which is available at our clinic.*

Our STANDARD fee schedule is as follows:

Speech-Language-Hearing Evaluation	\$150.00
Hearing Evaluation	\$ 50.00
Therapy Fall and Spring Semester (approx. 14 weeks)	\$350.00
Therapy Summer Semester (approx. 7 weeks)	\$175.00

The full payment for the evaluation is expected immediately following the appointment. Written reports will not be available until full payment is received.

Persons who receive state financial assistance or who attend or who are employed by UCO are eligible for a reduced fee. Please indicate in the space provided on page 2 of the Case History form if you would like us to send you an application for reduced fee.

Thank you for providing this opportunity for us to serve your communication needs. We look forward to hearing from you.

*Linda Sealey-Holtz, PhD, CCC-S
Program Director
405-974-5297*

*Elaine Martindale, MS, CCC-S
Clinic Coordinator
405-974-5403*

UNIVERSITY OF CENTRAL OKLAHOMA
SPEECH AND HEARING CLINIC
ADULT CASE HISTORY

Name _____ Birthdate _____ Male ____ Female ____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ Other phones _____

Person completing this form _____ Relation to client _____

Referred by _____ Primary Physician _____

Client's Birthplace _____ Last grade completed / degree _____

Occupation _____ Last place of employment _____

Hobbies/Interests _____

Languages spoken _____

Persons currently residing in your home _____

Other significant family members or friends _____

Check areas of difficulty or concern:

SPEECH ____ pronunciation of words ____ chewing ____ swallowing

LANGUAGE ____ understanding spoken language ____ formulating meaningful sentences

____ understanding written language ____ writing meaningful sentences

VOICE ____ too loud ____ too quiet RATE ____ too fast ____ too slow

COGNITION ____ memory ____ attention ____ problem solving ____ math calculations

HEARING ___ conversations in crowds ___ telephone ring ___ outdoor noises

Which ear do you currently wear hearing aids ___ left ___ right; Date began wearing _____

Describe family history of hearing loss _____

VISION – Describe any visual limitations and history wearing corrective lenses or corrective surgery

Describe any serious injuries or illnesses, which may relate to the speech, language or hearing concern

Locations and dates of previous speech-language-hearing therapy _____

Describe any physical limitations or assistance needed by our staff _____

List current medications _____

Persons currently receiving state financial assistance or who are either attending or employed by UCO may be eligible for reduced fee status.

Check here if you would like an application for reduced fees ___ YES ___ NO



*College of Education and Professional Studies
Department of Special Services
Speech Language Pathology*

PERMISSION FOR SPEECH-LANGUAGE-HEARING EVALUATION / TREATMENT

I, _____, give permission to the University of Central
Oklahoma Speech & Hearing Clinic to evaluate and/or treat the speech, language
and hearing of _____, BIRTHDATE_____.

This program provides professional training at the undergraduate and graduate levels.

The evaluation and any subsequent treatment may be performed by students
supervised by licensed faculty of the Speech-Language Pathology Program. I further
understand that these services may be observed by students in training for degrees in
Speech-language Pathology at the University of Central Oklahoma.

All records pertaining to evaluation and treatment will be held for **SEVEN** years
following discontinuation of services in this facility.

Client / Parent or Guardian

Date Signed