



ADULT APPLICATION

Thank you for inquiring about the **Center for Audiology & Speech Language Pathology** at Montclair State University. The Center 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 Center is part of the training for graduate students in the Master of Arts program in speech/language pathology. Services are provided by graduate students who are supervised by licensed and certified speech/language pathologists. Therapy is provided on a semester basis including an eleven week summer program. Therapy 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 Center. All services are only available in English.

HOW TO APPLY

Applications to the center 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 SERVICES

The clinical program at the Center for Audiology & Speech Language Pathology 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

Speech and Language Evaluation

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

Speech and Language Therapy

Note: Financial assistance may be available to those who qualify, please contact the center for more information. Individual or small group intervention for the remediation of communication disorders provided on a per-semester basis. Please call the center for current fees.

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

HOME PHONE: _____

SELECT ONE: MOTHER FATHER GUARDIAN SPOUSE OTHER

CELL PHONE: _____

SELECT ONE: MOTHER FATHER GUARDIAN SPOUSE OTHER

WORK PHONE: _____

SELECT ONE: MOTHER FATHER GUARDIAN SPOUSE OTHER

MARITAL STATUS: SINGLE MARRIED DIVORCED SEPARATED OTHER

REFERRED BY: _____

RELATIONSHIP TO CLIENT: _____

HANDEDNESS : _____

OCCUPATIONAL 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)

☐ SUMMER (May-August)

ONE SESSION PER WEEK

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

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

☐ Afternoon (12pm -2pm) ☐ Evening (4pm – 5pm)

☐ Other: _____

TWO SESSIONS PER WEEK

☐ Monday/Wednesday ☐ Tuesday/Thursday

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

☐ Afternoon (12pm -2pm) ☐ Evening (4pm – 5pm)

☐ Other: _____

SPEECH AND LANGUAGE COMMUNICATION

Why are you seeking services at the **Center for Audiology & Speech Language Pathology**?

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?

SPEECH AND LANGUAGE COMMUNICATION

What physicians are currently involved in your care?

What would you like to accomplish at the **Center for Audiology & Speech Language Pathology**?

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

E-mail the completed application to csdclinic@mail.montclair.edu
or

Mail to:
Center for Audiology & Speech Language Pathology
Montclair State University
1515 Broad Street, Building B, 2nd Floor
Bloomfield, NJ 07003

PLEASE ATTACH ANY SPEECH/LANGUAGE DIAGNOSTIC REPORTS PREVIOUSLY COMPLETED.

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

STATEMENT OF UNDERSTANDING

The **Center for Audiology & Speech Language Pathology** is an integral part of the teaching and research programs of Montclair State University. Substantially, all services at the Center 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 Center can accept, for service only, those clients who are willing to cooperate with the educational and research activities of the Center, 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.

APPLICANT SIGNATURE (or Person completing Application)

DATE

<i>For Internal Use Only</i>		
Date Received:	Faxed: _____ Emailed: _____ Mailed: _____ Client Delivered: _____	Notes:
_____ Manager Signature (If Applicable)	_____ Director Signature Date	



MONTCLAIR STATE
UNIVERSITY

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email: csdclinic@montclair.edu

USE OF STUDENT CLINICIANS

The Center for Audiology and Speech-Language Pathology is an integral part of the teaching and research programs of Montclair State University. Substantially all services at the Center 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. In view of the foregoing, the Center *can accept for service only* those clients who are willing to cooperate with the educational and research activities of the Center, 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) that services may be rendered to me or my child by both graduate students, faculty, and clinical associates.
- b) that 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.

Signature
(Parent/Guardian must sign if applicant is a minor)

Date