



Summer Speech Therapy July 6th through August 14th 2009

This program consists of individual, 45-minute speech therapy sessions twice weekly. The summer program runs five days per week for six weeks and is an ideal method of treatment for children with articulation and/or stuttering disorders.

Because sessions are on a regular basis, progress is faster, with no backtracking. This program serves to “jump start” therapy, to help a child break out of a plateau in progress, or to return to a previously learned skill level. Children who are enrolled in school-based speech therapy can benefit from six weeks of intense, individual attention and can then be ready to return in the Fall to work with their regular speech-language pathologist.

To be eligible, children must be at least 4 years old and have a documented diagnosis of a speech disorder. If your child has not yet been evaluated by a speech-language pathologist, please call to make an appointment for a full speech-language evaluation prior to enrollment in the program. Speech evaluations may be covered by medical insurance.

Cost: \$650.00 for ten 45-minute sessions, Monday through Friday, during the months of July and August 2009, at the Woodbourne Speech and Language Center in Morrisville, PA. Tuition includes treatment plan, all sessions, and a final progress report. Stuttering treatment includes 2 additional group therapy sessions for an additional \$40.00. Your ten sessions can be scheduled around vacations.

- **Early Registration is recommended** to guarantee your preferred time.
- Please call 215-337-9420 if you have any questions or would like to discuss the appropriateness of this program for your child.
- Applications will be accepted until all time slots are filled
- Download an application and fax or send to:

***Woodbourne Speech and Language Center
81 Big Oak Road, Suite 101
Morrisville, PA 19067
Fax: 215-337-9423***

Summer Speech Therapy Program 2009 Registration Form

Child's Name: _____

Date of Birth: _____ Age: _____

Name of Parent(s): _____

Address: _____

Phone: Home: _____ Cell: _____

Yes, my child ___ is / ___ is not currently enrolled in speech therapy.

If yes, name of treating SLP _____

Brief description of your concerns regarding your child's speech:

Please choose two or three possible time slots and preferred days, using numbers for your order of preference ("1" = first choice, "2" = second choice, etc.)

_____ 9:30-10:15 am	_____ 1-1:45 pm	_____ Monday
_____ 10:15-11:00 am	_____ 1:45-2:15 pm	_____ Tuesday
_____ 11:00-11:45 am	_____ 2:15-3:00 pm	_____ Wednesday
_____ 11-11:30 am	_____ 2:30-3 pm	_____ Thursday
_____ 11:30-12 pm	_____ 3:00-3:45 pm	_____ Friday

(We will make every effort to accommodate your preferred time slot; however, since time slots are assigned on a first-come, first-served basis, we cannot guarantee that your first choice will be available).

Along with the above application, **please enclose a deposit of \$100.00**; this deposit is refundable until we have agreed together on a time slot; after that point, if you must cancel, your deposit is nonrefundable unless we can find someone else to take your vacated time. Balance of payment is required by July 10, 2009.

Checks can be made payable to "Woodbourne Speech and Language Center." Please mail payment with completed application and deposit to: **Woodbourne Speech and Language Center, 81 Big Oak Road, Suite 101, Morrisville, PA 19067**