

DUE: March 10, 2025

Parent Application for Summer 2025 Program

Please print legibly and return via fax (540.568.5757), in person at the JMU Speech-Language Clinic, or at ScottishRite@jmu.edu

Client's First Name: _____

Client's Last Name: _____

Date of Birth: _____

Phone: (Home): _____

Gender: M F Prefer not to say

Leave a message? Yes No

Parent/Guardian: _____

(Work): _____

Address: _____

Leave a message? Yes No

City/State: _____

(Cell): _____

Zip: _____

Leave a message? Yes No

Email Address:

Which number would you prefer we use to contact you?

Home Work Cell

Child's Primary Language: ___ English ___ Spanish ___ Other _____

Other language(s) spoken at home: _____

Please check "YES" or "NO" for each question:

1. Do you require an interpreter?

Child	Parent	Both
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Has your child ever received occupational or physical therapy?

YES NO

3. Does your child have any diagnosis other than speech and language?

YES NO

If you answered yes, please explain:

4. Does your child have any safety awareness

concerns? For example, our location has a large natural playground that is not fenced. Would this present a safety hazard for your child, such as if they are prone to running away?

YES NO

5. Is your child consistently toilet trained?

YES NO

6. Current school and/or daycare:

_____ N/A

7. Do you have any affiliation with Scottish Rite Freemasonry of Virginia?

YES NO

If yes, identify the relationship to your child

REMINDER: CHILDREN ENROLLED IN THE SUMMER PROGRAM ARE EXPECTED TO ATTEND ALL SCHEDULED CLINIC DAYS WITHIN EACH SESSION(S) SELECTED; JMU DOES NOT PROVIDE TRANSPORTATION.

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Parent or Guardian Signature _____

Date _____

SLP- Referral Form
(To be completed by the referring speech-language pathologist)

Child's Name: _____ Age: _____

Name of SLP: _____

Name of Agency/School: _____

Email Address: _____ Telephone: _____

Please consider the nature of this child's communication disorder and rate this child's *level of difficulty* in the following areas:

	No Concern	Mild	Moderate	Severe
Following directions	0	1	2	3
Following the classroom routine	0	1	2	3
Answering basic questions (who, what, where, yes/no)	0	1	2	3
Answering questions about stories/classroom activities	0	1	2	3
Maintaining the topic during brief conversation	0	1	2	3
Maintaining age-appropriate attention	0	1	2	3
Expressing ideas using age-appropriate grammar	0	1	2	3
Asking simple questions (who, what, when, where, why)	0	1	2	3
Using age-appropriate vocabulary when talking	0	1	2	3
Using language to communicate with others	0	1	2	3
Engaging in appropriate play with others	0	1	2	3
Transitioning from one activity to another	0	1	2	3
Being understood by an unfamiliar listener	0	1	2	3
Producing all age-expected phonemes	0	1	2	3

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Please provide a brief summary of child's current level of performance and effective supports/strategies:

Please provide current goals and note progress:

Are there any behavioral or safety concerns we should be aware of? YES NO

** if you answered yes, please describe the behavior issues as well as any successful strategies that you use.

Please list the client's interests:

**** Required: Attach supporting documentation (reports, plan of care, and/or IEP)**