



Scottish Rite Childhood Language Disorders Center
1435 L Street Fresno Calif. 93721
559.498.8393

Dear Parent,

The Scottish Rite Childhood Language Disorders Clinic welcomes your inquiry into services for your child. We have included a brochure about the Clinic that should answer most of your question.

Please complete and return the attached Client Information, Authorization to Release Information, and Clinic Policies forms. Once received we will place your child on our waiting list and send you a confirmation letter. The letter will include your child's place on our waiting list.

Our waiting list is prioritized in a first received first seen order. When your child is at the top of the list we will call you to schedule an evaluation time. Please return our phone call as soon as possible to insure we do not call the next child on the list. Feel free to call for updates regarding your child's waiting list status and to provide us with changes in your contact information.

The evaluation session typically takes one and a half hours in which we attempt determine your child's needs and create a plan for success. Please feel free to Fax 498-8394 or bring any previous evaluations or treatment plans that you believe may be helpful. Please note that we do not treat children with primary diagnosis of sensori-neural hearing loss, genetically based developmental delays, autism, and cerebral palsy. If you have question regarding this please call Tom Tatum (498-8393) to discuss your child.

Our office hours are Monday through Thursday, 1:00 to 5:00.

Tom L. Tatum MA CC-SLP
Director



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Client Information

Child's Name _____

Mother _____

Father _____

Address _____

City, State, Zip code _____

Phone (home) _____

Phone (cell) _____

Phone (work) _____

*preferred phone for scheduling

E Mail _____

School _____

Grade _____

Designated Instructional Services _____

Availability	Days	Monday	Tuesday	Wednesday	Thursday
	Hours	1-3		3-5	

Special needs _____
Allergy, Custody, Mobility issues

Parent Signature _____ Date _____

Date received and entered to waiting list _____



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Client History

What concerns you about your child's speech, language and learning development ?

What physical, emotional challenges has your child experienced ?

Pediatrician's Name _____

What assistance have you received ?

Name	Profession	Date	Diagnosis	Recommendation
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What benefit would you like your child to get from therapy ?

Please feel free to attach or bring to the evaluation any additional information you feel may help us in understanding your child.



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Clinic Policies

Observation

Children may be periodically observed by visitors, approved by the Director.

Photography/Videography

Children may be photographed and or Video taped for educational and/or publicity purposes.

Services

Services are provided to all clients at the sole discretion of the Director
Clients and families are expected to comply with requests and direction given by Center staff and volunteers while at the Center.

Children will be released only to the person who brought them unless written permission by the guardian/parent and photo identification is provided to the Director.

Staff and volunteers are empowered with the responsibility to protect life and welfare of a child at the Center if an emergency should occur.

Privacy

The Center adheres to HIPA standards for information protection and release.
The Center will not release information regarding schedule, and attendance without signed consent.

Attendance

Clients will have regular and prompt attendance for all sessions. Clients poor attendance or failure to notify about cancellation may result in dismissal at the sole discretion of the Director and/or the Board of Directors.

Donation

The Center is a nonprofit corporation that provides services at no charge. Clients and families may be contacted and/or encouraged to participate in our fun raising efforts.

Parent _____ date _____