

FONTBONNE UNIVERSITY

Department of Communication Disorders and Deaf Education

Eardley Family Clinic for Speech, Language and Hearing

6800 Wydown Boulevard, St. Louis, MO 63105-3098

(314) 889-1407

(314) 719-8016 Fax

You have requested a speech/language evaluation or therapy. Attached you will find a case history form. Answer the questions as fully and accurately as possible. If you have an IEP or diagnostic report from another institution, please attach a copy. This information will assist the clinic staff in planning and providing for your evaluation or therapy.

Return all forms to the speech clinic as soon as possible. We will call you to schedule an appointment. All evaluations and therapy sessions are conducted by graduate students under the direct supervision of a faculty member or supervisor. All faculty members and supervisors have valid Missouri licenses and ASHA certification.

We offer speech/language evaluations and speech language augmentative communication evaluations as well as therapy for all types of communication disorders. Evaluations are needed if there is no current evaluation or assessment by an ASHA certified speech pathologist.

Individual therapy is offered for all ages. This therapy is typically provided two days a week (Mon & Wed or Tues & Thurs) for one hour each day.

Developmental Language Group (DLG) – This is a group of 6-8 children ages 2-5. We have 3 or 4 clinicians who work within the group. The group runs in the fall, spring and summer, 4 mornings a week, for 2 hours each morning usually from 9:00-11:00 AM.

We also have communication groups for individuals with Aphasia.

There are no fees for evaluations or therapy services.

Students, faculty, staff, and persons served in the program's clinic are treated in a nondiscriminatory manner-that is, without regard to race, color, religion, sex, national origin, participation restriction, age, sexual orientation, or status as a parent. The institution and program comply with all applicable laws, regulations, and executive orders pertaining thereto.

Standard English Training Case History

GENERAL INFORMATION

Name _____ Date _____

Birthdate _____ Age _____ Sex _____

Address _____ City _____

State _____ Zip Code _____ Home Phone _____

Cell Phone _____ Email address _____

Occupation _____ Employer _____ Work Phone _____

Highest Level of Education _____

COMMUNICATION HISTORY

Native Language _____ Native Country _____

List any additional languages spoken _____

Age English instruction was begun _____

How long have you spoken English? _____

How often do you speak English currently? _____

In what settings do you use English? Please check all that apply.

School _____

Work _____

Free time _____

Other: _____

With whom do you speak English? Please check all that apply.

Teachers _____

Parents _____

Friends _____

Roommates _____

Peers/Other students _____

Co-workers _____

Other: _____

Why in particular are you interested in speaking English? (business, school, etc.)

In what area of the language would you like assistance? Check all that apply.

Pronunciation _____

Vocabulary _____

Grammar _____

Spoken Comprehension _____

Written Comprehension _____

Other: _____

ADDITIONAL INFORMATION

(Add here anything that you feel might be helpful)

All information is for the confidential use of the Fontbonne University Speech/Language Clinic staff only.