



Summer Intensive Communication Programs for Children and Adults Application

CONTACT INFORMATION

Client name: Date of Birth:
Caregiver name(s) (if applicable):
Mailing address:
City: State: ZIP Code:
Phone: Email:

PROGRAM SELECTION

- PUPPY TALK (for children ages 3-6)
SMOOTH DAWGS (for persons who stutter ages 12 and up)
BIG DAWGS (for children entering grades 2-5)

APPLICATION AND PLACEMENT

Recent diagnostic, clinical, or educational program information is required to assure appropriate placement. Participants without recent assessment or evaluation reports may require a separate appointment for individual screening or evaluation at the UGA Speech and Hearing Clinic before June 1, 2018, for which a separate evaluation fee may apply.

IF THE CLIENT HAS A RECENT EVALUATION, IEP, OR OTHER INFORMATION, please attach a copy or have a copy forwarded as soon as possible, to assist our placement decisions. UGA clinic clients need not provide additional copies.

DATE OF EVALUATION: \_\_\_\_\_

FEES

Program fee: \$500 program fee per participant, per 2-week session
Supply fee: \$75 for the first participant in each family (waived for second family member)
Deposit: \$100 deposit, to be applied to program fee, is due with application
All fees must be paid in full by the start of the program. Monthly payment schedules may be arranged, and financial assistance or scholarships may be available; please contact Amber Laws (706-542-2413).
Priority will be given to applications received before March 23, 2018. After March 23, please call for availability.

SIGNATURE

Client/Caregiver Signature: Date:

Please print this form and return by mail with \$100 deposit (checks made out to UGA Speech and Hearing Clinic) or call to provide a credit card number by phone (706-542-4598)

How did you hear about our program? \_\_\_\_\_

Mail to: Mrs. Amber Laws, UGA Speech and Hearing Clinic, 593 Aderhold Hall, University of Georgia, Athens, GA 30602