RiteCare Childhood Language Center of Stockton
University of the Pacific
Speech-Language Pathology Department
3601 Pacific Avenue
Stockton, CA 95211
Telephone: (209) 946-3121
Fax: (209) 932-4131
E-mail: PacificSRLC@pacific.edu

October 16, 2020

Dear Parent(s):

Thank you for your interest in the RiteCare Childhood Language Center of Stockton. I have enclosed the forms that you will need to complete in order to add your child's name to our waiting list for an evaluation. The ***Consent for Exchange of Information form (blue),*** gives us your permission to request additional records from, and/or forward information to, those agencies you designate. **If your child has been evaluated by another agency within the last year, please include a copy of the report(s) with the forms you are returning**. **If your child attends school, please have his/her teacher complete the Teacher Questionnaire. If your child receives Speech/Language Therapy, please have the Speech and Language Pathologist complete that questionnaire. Be sure to include a copy of your child's most recent Individualized Education Program (IEP), and a copy of your child's Immunization Record.** Please Return All Completed Forms Together As A Packet.

ALL COMPLETED FORMS MUST BE RECEIVED IN OUR OFFICE PRIOR TO PLACING YOUR CHILD ON OUR WAITING LIST.

Mail Address:
University of the Pacific,
SLP Dept.
Attn: Christina Magaña
3601 Pacific Avenue
Stockton, CA 95211

Physical Address:
RiteCare Childhood Language Center
3301 N. Center Street
Stockton, CA 95204

E-Mail Address
PacificSRLC@Pacific.edu

We currently have a waiting list for Diagnostic Assessments. **You will be contacted by telephone as to when the diagnostic assessment is scheduled.** In the event that we are unable to contact you, your child's name will be removed from our waiting list. **Therefore, it is your responsibility to notify us of any change in address or telephone number/s.**

Please Keep In Mind If Your Child Is Evaluated At Our Clinic, This Does Not Guarantee That He/She Will Qualify To Receive Services.

If you have any questions, please contact us at (209) 946-3121.

Sincerely,

Christina Magaña
Christina Magaña
Administrative Assistant II

Sent on:_____

RITECARE CHILDHOOD LANGUAGE CENTER OF STOCKTON
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Date: _____ **Referred by**: _____

Child's Name: _____ Sex: ____ Age: _____ Birthdate: _____

Mailing Address: _____ City/Zip: _____

Parent/ Guardian 1: Name _____ **Parent/ Guardian 2: Name** _____

Home Phone:_____ Home Phone:_____

Cell Phone:_____ Cell Phone:_____

E-Mail Address: _____ E-Mail Address: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Birthplace: _____ Birthplace: _____

Birthdate: _____ Birthdate: _____

Education: ❒ High School ❒ College Education: ❒ High School ❒ College

Status of the child's parents: ❒ Married ❒ Divorced ❒ Separated ❒ Foster Parents ❒ Other_____

Who is the primary care giver for the child? _____ Relationship to child: _____

If both parents are employed, who takes care of the child? _____

Other children:

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Name: _____ Age: _____ Sex: _____

Language(s) spoken in the home: _____

BIRTH HISTORY:

Mother's health during pregnancy: _____ Term of pregnancy: _____ Birth weight: _____

Normal delivery? _____ If no, please explain: _____

Child's general condition at birth: _____

Feeding difficulties (swallowing or sucking problems): _____

Name/address of doctor attending at birth: _____

_____

DEVELOPMENTAL HISTORY:

Age your child*:*

Sat up alone: _____ Dressed self: _____

Crawled: _____ Walked alone: _____

Toilet Training began: _____ Toilet training completed: _____

Spoke first words: _____ Spoke first sentences: _____

CHILD'S MEDICAL HISTORY: (please bring all relevant medical records with you to your first appointment)

Name/address/city of child's present physician:_____

_____

Phone:_____

Your Child's: Height: _____ Weight: _____

Diseases	Length of illness	Severity	Age at onset
_____	_____	_____	_____
_____	_____	_____	_____

Surgery(s) or Hospitalizations	Degree of Recovery	Age at surgery
_____	_____	_____
_____	_____	_____

Other health problems: _____

Are you aware of any hearing problems? ❒ Yes ❒ No Has the child had a hearing test? ❒ Yes ❒ No

If so, when and by whom? _____

DOES YOUR CHILD: ❒ Wear glasses ❒ Have a history of ear infections ❒ Pull at his/her ears

❒ Have tubes in his/her ears? For how long? _____

❒ Have a history of respiratory infections? ❒ Take any medication? Name(s) of medication_____

For what reason? _____

What effect does this medication have on your child? _____

Has your child received any of the following regarding his/her development? ❒ Hearing Testing ❒ Behavioral Assessment ❒ Physical Therapy ❒ Occupational Therapy ❒ Counseling ❒ Psychological Assessment ❒ Nutritional Counseling

HAS YOUR CHILD BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:

❒ Autism ❒ Down Syndrome ❒ ADHD ❒ Specific Learning Disability ❒ Intellectual Disability ❒ Speech or Language Impairment ❒ Traumatic Brain Injury ❒ Deaf/ Hard of Hearing

BEHAVIOR PATTERNS:

❒ Over active ❒ Temper tantrums ❒ Thumb sucking

Eating habits: _____ Sleeping habits: _____

Fears: _____ Destructiveness: _____

Discipline measures used: _____ Child's reaction: _____

How often does your child need to be disciplined? _____

Discipline has been: ❒ Strict ❒ Lenient ❒ Inconsistent ❒ Adequate ❒ Effective ❒ Ineffective

Does your child:Have playmates in the neighborhood? ❒ Yes ❒ No Play away from home? ❒ Yes ❒ No

Tend to tattle? ❒ Yes ❒ No Appear to be a leader ❒ **OR** a follower ❒ Seem basically: ❒ happy ❒ or unhappy

Does your child prefer to play with: ❒ People ***OR*** ❒ Things Have regular responsibilities at home? ❒ Yes ❒ No

What Pleases You Most About Your Child's Behavior?

_____

What Bothers You Most About Your Child's Behavior?

_____

SCHOOL HISTORY:

School: _____ Teacher: _____ Grade: _____

Academic performance: _____ Grade(s) repeated: _____

Strongest subject: _____ Weakest subject: _____

Does he/she enjoy school? _____ If no, why not? _____

Does your child have an Individualized Education Program (IEP)? ❒ Yes ❒ No If "yes," what services is he/she receiving?

_____

***Please attach the most current Individual Education Program, speech and language report, and/or medical reports that may be pertinent to your child's therapy here at the center.**

SPEECH HISTORY:

Please describe your child's speech problem:

_____

_____

_____

At what age did this first concern you? _____ Who noticed the problem? _____

Do the child's caregiver/s agree about the nature of the problem? ❒ Yes ❒ No

Are there any speech problems in your family besides the child? What was the problem and who had it?

_____

_____

Methods used by the family to improve the child's speech:

_____

What do you think may have caused this problem?

_____

_____

Is your child receiving speech and language therapy in school or received speech and language therapy in the past?

❒ Yes ❒ No If you answered YES, please include the following information:

Name of therapist _____

School _____

Number of times per week _____ Length of therapy sessions _____ Individual or group therapy _____

Does your child receive any speech and language therapy other than in school? ❒ Yes ❒ No

If you answered YES, please provide the following information:

Agency providing the therapy _____

Name of therapist _____

Number of times per week _____ Length of therapy sessions _____ Individual or group therapy _____

	All	Most	Little	None
How much of your child's speech do you understand?	☐	☐	☐	☐
How much do other family members understand?	☐	☐	☐	☐
How much does your child understand of what you say to him/her?	☐	☐	☐	☐
How well does he/she follow directions?	☐	☐	☐	☐
How much does he repeat or hesitate when talking?	☐	☐	☐	☐

MISCELLANEOUS:

What would you like to learn from this evaluation?

Comments:

Any other information you would like to provide:

Completed by: _____ **Relationship:** _____

PLEASE FILL OUT BOTH SIDES

UNIVERSITY OF THE PACIFIC
RITECARE CHILDHOOD LANGUAGE CENTER OF STOCKTON
CONSENT FORM

The Department of Speech-Language Pathology is requesting your authorization to photograph your child during Speech-Language therapy sessions at the UOP/RiteCare Childhood Language Center of Stockton.

The photographs may be used by University of the Pacific and/or RiteCare Childhood Language Center of Stockton for brochures, newsletters, and/or websites for educational, publicity, and/or marketing purposes.

Thank you for your participation.

Child's Name

Signature of parent/legal guardian

Date

UNIVERSITY OF THE
PACIFIC
3601 Pacific Ave
Stockton, CA 95211

PHOTOGRAPHIC, VIDEO, AND AUDIO RELEASE FORM

I do hereby consent and agree that the University of the Pacific and its staff have the right to take photographs or record video or audio of my child (and/or property) and to use these for educational or promotional purposes. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary.

I understand that the University may publish the photograph(s), audio(s), and video(s) in a publication, advertisement, direct-mail piece, video, World Wide Web site, CD-ROM or other medium. I release the University, the photographer, their officers, employees, agents, and designees from liability for any violation of any personal or proprietary right that may have in connection with such use.

Child's Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

I have read the foregoing and fully understand the contents thereof.

Signature of parent/legal guardian _____

Date _____

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CONSENT FOR EXCHANGE OF INFORMATION

_____ _____
Child's Name (please print) Birthdate

I hereby give permission for the exchange of information as listed below:

Send information to:

1. Rite Care Childhood Language Center
   University of the Pacific
   3601 Pacific Avenue
   Stockton, CA 95211
   Fax: (209) 932-4131

2. _____
   _____
   _____

3. _____
   _____
   _____

Obtain information from:

1. _____
   _____
   _____
   Fax #: _____

2. _____
   _____
   _____
   Fax #: _____

3. _____
   _____
   _____
   Fax#: _____

- ☐ Speech Therapy Records only
- ☐ Speech Therapy & Audiology Records
- ☐ Audiology Records only
- ☐ Complete Medical Records

I also authorize use of clinical observations, video taping, photographs, and case discussion for professional, research, and training purposes.

_____ _____
Parent/Legal Guardian Date

NOTE: A copy of this form is as valid as the original.

−Affiliated with the Department of Speech-Language Pathology at University of the Pacific−

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HIPAA NOTICE OF PRIVACY PRACTICES

I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

II. IT IS OUR LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI).

The RiteCare Childhood Language Center of Stockton does not do any billing and therefore does not disclose any information to any licensed health care providers without your consent.

Records are only released with your signed consent.

Your therapist will give you copies of all reports and it is our preference you keep extra copies and give them out as you see appropriate for your treatment.

If you have any questions about this notice, please contact our office.

III. EFFECTIVE DATE OF THIS NOTICE.

This Notice went into effect April 14, 2003.

I acknowledge receipt of this Notice:

_____ _____

Signature of Patient, Parent or Legal Guardian Date

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TEACHER QUESTIONNAIRE

Parent: This form will provide us with information about your child's school performance. Please provide a form to each teacher who is familiar with your child's school performance.

Child's Name: _____ Age: _____ DOB: _____

I hereby authorize _____ _____
Teacher's Name School

to release information regarding my child to the Scottish Rite Center for Childhood Language Disorders.

_____ _____ _____
Parent Signature Relationship to child Date

****

Teacher: The above-named child has been referred to this Center for a diagnostic evaluation. It would be most helpful to us if you would complete the following questionnaire and return it to us as soon as possible. Please feel free to include any additional information about the child that may be helpful to us in the evaluation.

Date: _____ Teacher's Name: _____ Grade: _____

School: _____ Phone Number: (_____) _____

School Address: _____

TEST SCORES:

Name of Test	**Scores**	**Date Administered**

GENERAL CLASSROOM INFORMATION:

Is the child in a special class? ☐ yes ☐ no

If so, what kind? _____

If special class, is child mainstreamed for part of the day? ☐ yes ☐ no

Describe: _____

_____

Number of students in your class: _____ Age range: _____

Subjects taught: _____

Length of class day from _____ to _____

Do you have additional help (e.g., aides): ☐ yes ☐ no

Describe: _____

In comparing this child's functioning with other students in your class, how would you rate him on the following?

	Below Average	Average	Above Average
Level of academic functioning	☐	☐	☐
Acceptance of peers	☐	☐	☐
Social functioning	☐	☐	☐
Attentiveness and motivation	☐	☐	☐
Ability to work independently	☐	☐	☐
Gross motor coordination	☐	☐	☐
Fine motor coordination	☐	☐	☐

Additional comments: _____

_____

_____

Do you feel your class is the best placement for this student? ☐ yes ☐ no

If not, what do you feel would be the best placement? _____

Is this available now? ☐ yes ☐ no Next year? ☐ yes ☐ no

Do you have contact with the child's parents? ☐ conferences ☐ phone ☐ other

How often? _____

What specific speech and language problems (if any) does the child present in the classroom?

_____

_____

Does the child follow directions easily without demonstration? ☐ yes ☐ no

How willing is the child to communicate? _____

Does the child ask for help when needed? ☐ yes ☐ no

Can the child verbalize clearly ideas / questions? ☐ yes ☐ no

Is English the first language? ☐ yes ☐ no

If not, describe what you know about the child's use and understanding of his/her first language:

_____

_____

In which type of classroom work is this child strongest?

☐ oral participation ☐ written assignments ☐ Class tests ☐ other ☐ none

What do you see as the child's personal strengths and/or talents? _____

_____

Has the child received individual or small group tutoring at school? ☐ yes ☐ no

If so, what kind and what were the results? _____

What seems to motivate this child to do his/her best work? _____

_____

Which of the following are available to you for consultation and/or tutoring children?

☐ Reading specialist ☐ Speech & Language therapist ☐ Psychologist

☐ Social Worker ☐ Physical therapist ☐ Learning disabilities teacher

☐ Medical personnel ☐ Other ☐ Behavior Management specialist

LANGUAGE INFORMATION:

Please complete this section only if the child's oral language is a concern.

Does the student use the following grammatical markers?

	Yes	No	Sometimes
-ing	☐	☐	☐
past tense - ed	☐	☐	☐
possessive 's	☐	☐	☐
articles a and the	☐	☐	☐
prepositions (in, on)	☐	☐	☐
helping verbs (Mary is running)	☐	☐	☐

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SPEECH / LANGUAGE PATHOLOGIST QUESTIONNAIRE

Child's Name: _____ Age:_____ DOB: _____

I hereby authorize _____ _____
Teacher's Name School

to release information regarding my child to the Scottish Rite Center for Childhood Language Disorders.

_____ _____ _____
Parent Signature Relationship to child Date

****

The above-named student has been referred to this Center for a diagnostic evaluation. It would be helpful to us if you would complete the following questionnaire and return it to the parent as soon as possible. Please feel free to include any additional information about this student that may be helpful to us in the evaluation.

*****Please attach the most recent therapy report and IEP and list the child's most recent test results if they are not included in the report. Include speech, language and academic tests.*****

Therapist's Name: _____

School or Clinic name: _____

Address: _____

City: _____ Zip: _____

Therapist's phone number: (_____) _____

How long has this child been in speech or language therapy with you? _____

Therapy Schedule: _____ Times a week _____Length of sessions _____ Individual or Group

If you only work within the classroom, please describe the setting and your degree of contact:

_____

_____

Does the child present significant attention or behavior problems in therapy? ❑ yes ❑ no

If yes, describe the behavior and any types of cues, discipline or rewards that are effective:

What are your areas of emphasis in therapy?

How is the child progressing?

Does the child combine words into phrases or sentences? ❑ yes ❑ no

If yes, what is the mean length of utterance? _____

Please give a few examples:

Does the child use the following grammatical markers?

	Yes	No	Sometimes
-ing	❑	❑	❑
past tense - ed	❑	❑	❑
possessive 's	❑	❑	❑
articles a and the	❑	❑	❑
prepositions (in, on)	❑	❑	❑
helping verbs (Mary is running)	❑	❑	❑

Describe the child's comprehension of:

Questions and directions:

Verbal explanations:

Stories:

Please share your observations of child's social use of language with peers and / or adults (pragmatics):

____

____

What is the child's native language? ____

If other than English, describe what you know about the child's use/understanding of the native language:

____

____

If child's vocabulary is less than about 50 words, please list below all the words you can think of that the child uses and/or understands. Please specify use or understanding.

Word	Uses	Understands
______________________	❑	❑
______________________	❑	❑
______________________	❑	❑
______________________	❑	❑
______________________	❑	❑
______________________	❑	❑
______________________	❑	❑
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______________________	❑	❑
______________________	❑	❑
______________________	❑	❑
______________________	❑	❑
______________________	❑	❑
______________________	❑	❑

Have any non-speech/augmentative communication systems been used with the child? ❑ yes ❑ no

If yes, what has been tried and with what results?

Thank you for your time!

California Scottish Rite Foundation
RiteCare Childhood Language Center

DEMOGRAPHICS

Providing the following information is voluntary and confidential. While it is not required in order to receive services, we do ask for your participation. The information you provide allows potential donors and grant-funding agencies to understand how we help children across our state. Fundraising is critical for the Scottish Rite to continue to serve the children of California. We thank you in advance for your assistance and participation.

1. *Language Center (please check)*

☐ Fresno	☐ Long Beach	☐ Los Angeles	☐ Oakland	☐ Orange County
☐ Palm Springs	☐ Pasadena	☐ Sacramento	☐ San Bernardino	☐ San Diego
☐ San Francisco/Burlingame		☐ Santa Barbara	☐ Santa Rosa	☐ Stockton

2. *Child's Age-Years*_____

3. *Childs Age-Months*_____

4. *Child's Ethnicity (please check)*

☐ American Indian/Alaska Native	☐ Asian	☐ Black/African American	☐ Hispanic/Latino
☐ Native Hawaiian/Pacific Islander	☐ White/Caucasian	☐ Multiple	☐ Other

5. *Gender*

☐ Male ☐ Female ☐ Transgender

6. *Zip Code of Residence*_____

7. *Parent 1 Military Status*

☐ Active ☐Veteran ☐Non-Military

8. *Parent 2 Military Status*

☐ Active ☐Veteran ☐Non-Military

9. *Estimated Annual Household Income*_____

10. *Number of Individuals Living in the Household*_____

11. *How did you hear about the California Scottish Rite Foundation? Select all that apply*

☐ CASRF Website	☐ Facebook	☐ Family/Friend	☐ Instagram	☐ Library
☐ LinkedIn	☐ Local Publication	☐ Masonic Agency	☐ Medical Referral	☐ Pediatrician
☐ Regional Center	☐ School District	☐ Snapchat	☐ Teacher	☐ Other

12a. *How difficult was it for your family to find a speech language/literacy therapy service provider?*
☐ Very Difficult ☐ Difficult ☐ Moderate ☐ Easy ☐ Very Easy

12b. *How difficult was it for you to get your family member admitted?*
☐ Very Difficult ☐ Difficult ☐ Moderate ☐ Easy ☐ Very Easy

13. *Child's First Language (please check)*

☐ English ☐ Arabic ☐ Armenian ☐ Cantonese ☐ Chinese ☐ French ☐ German
☐ Hindi ☐ Japanese ☐ Korean ☐ Spanish ☐ Mandarin ☐ Persian ☐ Portuguese
☐ Russian ☐ Tagalog ☐ Vietnamese ☐ Other

14. *Child's Second Language (please check)*

☐ English ☐ Arabic ☐ Armenian ☐ Cantonese ☐ Chinese ☐ French ☐ German
☐ Hindi ☐ Japanese ☐ Korean ☐ Spanish ☐ Mandarin ☐ Persian ☐ Portuguese
☐ Russian ☐ Tagalog ☐ Vietnamese ☐ Other