The Speech and Language Clinic is a self-supporting campus service which utilizes graduate students to provide assessments and treatment in the areas of speech, language, fluency, and cognition. Students are supervised by faculty members with a small student to faculty ratio.

Attendance is very important to both graduate clinicians and clients in order for the clients to reach their goals for maximum independence. In addition, the student must accumulate clinical hours to obtain their master’s degree. The clinics have waiting lists for individuals wishing to be admitted. Every absence means that both you and your child and the graduate clinicians have lost valuable therapy time.

Clinic Policies

1. Parents of children under 18 years of age must stay in the lobby or the building to wait for their child. If they must leave for any reason during the session, arrangements must be made with the supervisor and emergency phone numbers must be available. If you cannot be contacted during your child’s session, your child may be dismissed. Please be available in the waiting area when the session is completed since the clinicians have other clients during the following hour.

2. If an adult needs assistance, it is best that the assisting adult remain in the building during the session. If he/she must leave, arrangements must be made with the supervisor and emergency phone numbers made available.

3. If a child is uncooperative or if a child or an adult appears to be ill, he/she may be asked to return home. This is determined by the clinician and supervisor.

4. If your child is enrolled in a two-hour session, parents should leave a small healthy snack and drink.

5. Payment for services is directly used for purchasing testing and therapy materials and is necessary for the clinic to function. Checks can be made to CSULB Speech and Language Clinic. Partial fee waivers are available upon consultation with clinic secretary. Clients will receive bills if payment is not complete at the beginning of the semester.
Attendance Policy

Clients must adhere to the following:

1. Please make every attempt to attend every scheduled session so that the client can make maximum progress.
2. Please arrive on time.
3. If you must be absent and know ahead of time, please advise the clinician at least one week prior to the absence either in person or by phone. You can call the clinician directly or the clinic office.
4. If you or the client is ill, please call the clinicians as soon as possible. Illness includes but is not limited to fevers, discharge from the nose, flu, diarrhea, rashes, or anything infectious. Please check the client before bringing him/her to therapy.
5. If the client has a medical condition, please note this on the application and inform the clinician. This includes, but is not limited to, seizures, diabetes, fainting, headaches, gastrointestinal problems, asthma and allergies.
6. If the client misses 2 hours, the clinic supervisor may discuss termination of services unless the absences have been approved ahead of time. If you or the client is frequently ill, it is recommended to postpone enrollment.
7. If you are planning a vacation during the semester, please advise the clinic coordinator prior to enrolling. If your planned vacation will cause the client to miss two hours of clinic sessions, it is advisable for you to enroll the following semester for therapy.

Make Up Policies

1. If the graduate clinician is unable to attend an appointment, a makeup session will be offered. If a makeup session is not offered, you have the right to request one. Makeup appointments will be provided at the CSULB Speech and Language Clinic, and will be coordinated by the client/caregiver and the clinician. Please note that make up times may be different from regularly scheduled clinic appointment times.
2. If the client is unable to attend a session, a makeup session is not offered.

______________________________________________________________________________
This portion is placed in the client's file.

The clinic and attendance policies have been discussed with me and I am in agreement with them.

Signature________________________________________________________ Date____________________