



Chatting Children Speech and Language Center, LLC  
22920 Bollinger Terrace  
Brambleton, VA 20148  
Phone: (202) 486-1411  
Email: [chattingchildren@gmail.com](mailto:chattingchildren@gmail.com)  
Website: [www.chattingchildren.com](http://www.chattingchildren.com)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
(home) (work) (cell)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Mother's email address: \_\_\_\_\_ Father's email address: \_\_\_\_\_

Name, Phone, Email of Nanny/Caregiver: \_\_\_\_\_

Siblings (include names and ages): \_\_\_\_\_

Referred by: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

List other professionals working with (or who have worked with) your child:

*Names/Professions:*

*Phone Numbers:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently being treated by another speech-language pathologist? If so, please provide their name, telephone number and email.

\_\_\_\_\_

Does your child attend school, day-care or any other program? If so, please specify the name of program, days attended and length of day.

\_\_\_\_\_

**Medical History**

How was the mother's general health during pregnancy (please explain)? \_\_\_\_\_

Were there any complications during labor and/or delivery (please explain)? \_\_\_\_\_

Was your child born premature? If so, please provide details as to difficulties and treatment.

Apgar scores: \_\_\_\_\_ Birth weight: \_\_\_\_\_

Was your child nursed and if so, for how long? \_\_\_\_\_

Was there anything remarkable about your child's early feeding history? \_\_\_\_\_

Has your child been given a medical diagnosis? \_\_\_\_ If yes, what diagnosis? \_\_\_\_\_

Has your child had any surgeries? \_\_\_\_ If yes, what type and when? \_\_\_\_\_

Has your child ever suffered from ear infections? \_\_\_\_ If yes, how many? \_\_\_\_ Which ears? \_\_\_\_\_

At what ages? \_\_\_\_\_ Were PE tubes inserted? \_\_\_\_\_ If yes, at what age? \_\_\_\_\_

Has your child's hearing been tested? \_\_\_\_ If yes, please indicate when, where and the results.

Is your child sensitive to certain sounds/pitches (e.g., vacuum cleaners, blenders)? \_\_\_\_\_

Does your child cover his/her ears when he/she hears certain sounds? (specify) \_\_\_\_\_

Does your child seem under-reactive to loud sounds (e.g., fire trucks)? \_\_\_\_\_

Is your child currently taking any medications? \_\_\_\_ If yes, please identify. \_\_\_\_\_

Does your child have any allergies? If yes, please identify. \_\_\_\_\_

Is your child on a special diet? If yes, please describe. \_\_\_\_\_

Have any family members been treated by a speech-language pathologist? \_\_\_\_ Please explain.

Have any family members been diagnosed with autism? \_\_\_\_\_

## Developmental History

Please provide the approximate age at which your child began doing the following activities:

Crawl \_\_\_\_\_ Walk \_\_\_\_\_ Feed self \_\_\_\_\_ Use toilet \_\_\_\_\_

Use single words (e.g., mama, no, plane) \_\_\_\_\_

Combine words (e.g., daddy car, eat cookie) \_\_\_\_\_

Engage in conversation \_\_\_\_\_

What languages are spoken in the home or any of your child's other settings? \_\_\_\_\_

Do **you** understand your child when he/she communicates? \_\_\_\_\_

Do **others** understand your child when he/she communicates? \_\_\_\_\_

Is your child showing signs of frustration arising from his/her communication? \_\_\_\_\_

Does your child repeat sounds, syllables or words within an utterance (e.g., "b-b-b-ball")? \_\_\_\_\_

How often does your child repeat sounds, syllables or words? \_\_\_\_\_

Does your child make eye contact with others? \_\_\_\_\_

How does your child interact with other children and adults (e.g., shy, aggressive, uncooperative)?  
\_\_\_\_\_

Please explain your child's typical eating habits: \_\_\_\_\_  
\_\_\_\_\_

When eating, does your child prefer specific textures (e.g., mushy, crunchy), tastes (e.g., sour, sweet, salty), or temperatures (e.g., hot, cold)? \_\_\_\_\_

Does your child use an open cup? \_\_\_\_\_ Sippy cup? \_\_\_\_\_ Straws? \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_ At what age did he/she stop? \_\_\_\_\_

Does your child suck his/her thumb? \_\_\_\_\_ At what age did he/she stop? \_\_\_\_\_

Does your child drool? \_\_\_\_\_

Can your child blow bubbles? \_\_\_\_\_ Party horns/whistles? \_\_\_\_\_

Describe your child's sleeping patterns. \_\_\_\_\_

Describe your child's activity level (low, typical, high). \_\_\_\_\_

Does your child exhibit any unusual behaviors or have unusual interests? If yes, please describe.

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What activities does your child enjoy the most? \_\_\_\_\_

How does your child spend most of his/her time? \_\_\_\_\_

How much time does your child spend watching TV per day? \_\_\_\_\_

How is your child doing academically (or pre-academically)? \_\_\_\_\_

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If enrolled for special education services, has an Individualized Education Plan (IEP) or other specialized plan been developed? If yes, what services are included? Please provide a copy of the IEP or plan.

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Which of the following concerns do you have? (check all that apply)

\_\_\_\_\_ 1) your child's overall articulation (pronunciation of words)

\_\_\_\_\_ 2) your child's comprehension of language

\_\_\_\_\_ 3) your child's ability to use language to converse

\_\_\_\_\_ 4) your child's eating habits

\_\_\_\_\_ 5) your child's dysfluent speech (stuttering)

\_\_\_\_\_ 6) your child's ability to read

\_\_\_\_\_ 7) your child's phonological awareness skills (pre-reading skills such as rhyming, sound ID)

\_\_\_\_\_ 8) your child's auditory processing

\_\_\_\_\_ 9) your child's play/social skills

Who recommended that you see a speech-language pathologist? \_\_\_\_\_

Please provide any additional information that might be helpful in the evaluation or remediation of your child's speech and language problem.

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**CONSENT FOR SERVICES**

I, \_\_\_\_\_ (parent/guardian), give my permission to Chatting Children Speech and Language Center, to RELEASE and OBTAIN information regarding my child \_\_\_\_\_ to/from the following professionals, physicians, programs, schools or other individuals:

NAME	CONTACT INFORMATION
_____	_____
_____	_____
_____	_____
	_____
	_____
	_____
	_____
	_____
	_____

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Parent/Guardian Signature

Date

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**Fee Schedule**

<i>Comprehensive Language Evaluation</i> .....	\$500.00
- Fee includes one hour of testing, full comprehensive written report, discussion with parents.	
<i>Speech-Language screening (for articulation assessments)</i> .....	\$250.00
- Fee includes one hour of testing, a written report and a brief conversation with the parents.	
<i>Individual Speech-Language therapy sessions (50-minute sessions)</i> .....	\$125.00
<i>Group speech-language therapy sessions (50-minute sessions)</i> .....	\$100.00*
<i>School or home visits (45-minute sessions)</i> .....	\$125.00
<i>School observations (45-minutes)</i> .....	\$125.00
<i>Phone or office consultative services (50-minutes)</i> .....	\$125.00
<i>School or home services (45-minutes)</i> .....	\$125.00

\* If a dyad or group session becomes an individual session due to another child's cancellation, you will be billed for an individual session.

**PLEASE NOTE: Payment is due at the time of services or upon receipt of invoice.**

I, \_\_\_\_\_, acknowledge and accept full and complete responsibility for prompt payment for all services rendered to \_\_\_\_\_ by Chatting Children Speech and Language Center. I acknowledge that I have received written explanation of the fee schedule and the cancellation policy and that I agree to both.

I understand that health insurance policies and reimbursement are between myself and the health insurance company, that all services rendered to my child are charged directly to me, and that I am personally responsible for payment to Julie K. Cotter.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **Policies and Procedures**

Chatting Children Speech and Language Center is pleased to have you as a valued family in our practice. We offer a wide range of services and look forward to helping your child improve his/her communication skills. Please read, initial and sign the following policies and procedures agreement.

### **Treatment Sessions**

Therapy sessions are 50 minutes in length unless other arrangements have been made with your therapist. During the last 5 minutes of your child's session, your therapist will write up a treatment note that you will receive a copy of at the end of the session. This treatment note is designed to provide you feedback on that specific session, as well as provide you with homework activities. We believe carryover activities in the home environment are essential to success! Please feel free to ask brief questions at the end of the treatment session, reserving more lengthy discussions for consultation appointments.

If you will be leaving the office during your child's session, please advise your therapist and be sure your cell phone number is on file. Returning to the office 5 minutes before the end of the session is imperative so that the session can be reviewed with you before your therapist's next scheduled appointment. Should tardiness on pick-up become problematic, we reserve the right to charge you our hourly rate for the additional time in office. Therapy sessions are back to back so late pick-ups affect the following client's session.

\_\_\_\_\_ (initial here)

### **Billing and Insurance**

Payment by check or cash is expected at the time of service or upon receipt of invoice. Please make checks payable to **Julie K. Cotter**. If payment is delayed for more than two weeks, future sessions will not be provided until payment has been received. If a check is returned for insufficient funds, the additional fee will be charged to your account. Unfortunately, Chatting Children Speech and Language Center does not accept health insurance. It is your responsibility to retain all treatment notes, evaluations, progress reports, invoices and treatment plans to provide to your insurance company. Should you require additional information, you will be charged the hourly rate for the time it requires to collect the material.

\_\_\_\_\_ (initial here)

**Cancellations**

If you must cancel a session, **please do so 24 hours prior to your appointment to avoid being charged for the session.** Exceptions will be made in cases of emergencies and illness at the discretion of the therapist. Please be mindful that careful individual planning and time goes into preparing for your child’s speech-language therapy. We want to maximize your child’s potential and progress with consistent therapy sessions. Also be advised that there is an extensive waiting list for current therapy slots. Therefore it is important for you to attend all therapy sessions as scheduled and to arrange for make-up sessions when possible. Should frequent cancellations become problematic, we reserve the right to bill for a minimum of 3 sessions per month in order to hold your time slot. Should you be arrive late to your child’s therapy session, the session will not go over the allotted time slot, nor can make up time be scheduled. It is your responsibility to arrive on time and pick up your child on time.

\_\_\_\_\_ (initial here)

**Inclement Weather and Holidays Policy**

Chatting Children **does not follow any local school districts’ inclement weather policy or holiday schedule.** Your therapist will contact you if therapy is cancelled due to inclement weather or upcoming holidays. If driving conditions are poor and will prevent you from making your child’s appointment, please be sure to contact your therapist as early as possible.

\_\_\_\_\_ (initial here)

**School Visits**

School visits are 45-minutes in length. It is the parent’s responsibility (not the school’s) to inform your therapist if your child will not be in school for the following reasons: sick, doctor’s appointment, school closings, half days or field trips. You will be billed for sessions not cancelled within 24 hours prior to the scheduled session.

\_\_\_\_\_ (initial here)

**Waiting Room Discussions**

Your child’s therapy session will be discussed with you in the office/waiting area at the end of each session. Please advise your therapist if you do not want to have these brief discussions at that time.

\_\_\_\_\_ (initial here)



**Consultative Services**

When necessary, we are happy to schedule appointments for phone, office or school consultations. Please schedule these with your therapist and note that should the consultation require more than 15 minutes, you will be billed our hourly rate for the service.

\_\_\_\_\_ (initial here)

**Safety Measures**

Surveillance cameras are located in the treatment room and the hallway of our home office to ensure the safety of our staff, clients and families. Videos will not be publicly released and can only be viewed by the director of this practice, Julie Cotter. Should a situation arise, where video footage of you or your child needs to be released for legal purposes, you will receive notification prior to.

\_\_\_\_\_ (initial here)

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ acknowledge that I have read and understand the Policies and Procedures regarding speech-language therapy at Chatting Children Speech and Language Center and I accept the terms of agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date