Thank you for inquiring about clinical services at the Communicative Disorders Clinic located at San Francisco State University. The Communicative Disorders Clinic has two essential purposes: 1) to prepare speech-language-hearing graduate students to work in schools, hospitals, and community agencies; and 2) to serve a limited number of children, youths, and adults who have communication problems or disorders and who we believe will benefit from the services we offer. Procedures involve observation, evaluation, and therapy services by graduate student clinicians-in-training who are under the supervision of the university faculty. Ours is a teaching program and some session may be video/audio taped. All video/audio tapes remain confidential and are used solely for teaching/learning purposes.

**FEES FOR CLINICAL SERVICES**

1. Off-campus speech, language, and hearing screening  
   (advanced scheduling required; please contact the clinic at cdinfo@sfsu.edu)  
   varies

2. On-campus speech and language evaluation  
   $75.00

3. Child speech and language therapy  
   (fall, spring and summer semesters; twice weekly)  
   $550.00

4. Adult speech and language therapy  
   (fall, spring and summer semesters; once weekly)  
   $225.00

5. Adult accent modification clinic  
   (fall, spring and summer semesters; once weekly)  
   $225.00

6. Family-centered autism spectrum clinic  
   (fall, spring, and summer semesters; once weekly plus home visits)  
   no charge
7. Adult augmentative and alternative communication
   no charge
   Conversation Club
   (fall and spring semesters; once weekly)

To be considered for an evaluation and possible therapy services, please complete and return the enclosed application within two weeks. **When your application is returned via email, fax, or mail, a file will be activated.**

You will be contacted as soon as there is an available space for scheduling an appointment. **In order to effectively place a client into speech and language therapy, we require all prospective clients to complete a speech and language evaluation.** If an evaluation has been completed within the past six months by another speech-language pathologist, please include a copy of the report/s with your application.

Please complete the following information and include with your application.

☐ I would like to request a speech and language evaluation for ____________________.

☐ I would like ____________________ to be placed on the availability list for future speech and language therapy. I understand I will need to provide a current evaluation (an evaluation not older than 6 months). Please contact me if there is an opening.

Contact person: ____________________________________________________________

Phone: ________________________________

Email: ________________________________

My relationship to the client is: ____________________________________________