# **REGISTRATION FORM BUFFALO STATE U. 2024, SUMMER CLINICS**

| Client Name:                 |      | PLEASE CHECK (1                        | v) THE PROGRAM   | IN WHICH YOU     | PLEASE CHECK (v) THE PROGRAM IN WHICH YOU ARE INTERESTED:                 |
|------------------------------|------|--|--|------------------|---|
| Date of Birth:               | Age: |  | Intensive Language, Literacy, and Auditory Processing Clinic | and Auditory Pr  | ocessing Clinic   |
| Grade in September 2024:     |      |  |  |                  |   |
| Parent/Guardian:             |      |  | Date   | Location         | Does our clinic have a copy   |
| Address:                     |      | Last speech-lang. eval*:               | *  |                  |   |
|                              |      | Last aud. processing eval*:            | val*:  |                  |   |
| Email:                       |      | Last neuropsych. eval*:                |  |                  |   |
| Home Phone:                  |      | List service providers we may contact: | we may contact :   |                  |   |
| Work or Cell Phone:          |      |  |  |                  |   |
| \$50 Materials fee enclosed: | Yes  | No May we cont                         | act you and the s  | ervice providers | May we contact you and the service providers by email?YesNo               |
|                              |      | *Please include co                     | pies of these re   | ports when su    | *Please include copies of these reports when submitting this application. |
| For Office Use Only:         |      |  |  |                  | :   |
|                              |      | Mail Application                       | is and materials   | fee to: Speech   | Mail Applications and materials fee to: Speech-Language-Hearing Clinic.   |
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# **INTENSIVE CLINIC DETAILS**

# **ELIGIBILITY**

To determine eligibility and appropriate grouping, the clinic must have a speech-language evaluation, auditory processing evaluation, or IEP on file dated 09/01/23 or later. Please submit at time of application.

### CHANGE TO PROGRAM FEES—2024

- Intensive services are free of charge, with the exception of a \$50 materials fee that is due with your application. Donations are graciously accepted.
- The materials fee is non-refundable, unless the Buffalo State University Speech-Language-Hearing Clinic is unable to place your child.

## **APPLICATIONS**

For applications to be considered, all of the following must be received on or before May 20, 2024:

- 1. A completed application form
- 2. A speech-language or auditory processing evaluation report, or IEP dated 09/01/23 or later
- 3. \$50 materials fee

Caudell Hall 149, 1300 Elmwood Ave., Buffalo, NY 14222-1095 Please make checks payable to: Research Foundation of SUNY)

Materials Fee Received:

### **APPLY EARLY**

**The program fills up quickly** and acceptance will be based on a first-come, first-served basis and the availability of an appropriate placement.



believe. inspire. achieve.

# SPEECH-LANGUAGE-HEARING CLINIC Summer 2024 Specialty Clinics

**In-Person Services** 

# INTENSIVE LANGUAGE, LITERACY, AND AUDITORY PROCESSING CLINICS



Caudell Hall 149 1300 Elmwood Avenue Buffalo, NY 14222-1095

Tel: 716-878-3530 Fax: 716-878-3526

http://speech.buffalostate.edu/summer-clinics

# THE INTENSIVE LANGUAGE, LITERACY, AND AUDITORY PROCESSING CLINIC

Children who have difficulty with speech, language, or auditory processing often have difficulty learning to read, write, and spell. This program is designed to address underlying language, literacy, and processing skills necessary for academic and social success.

The morning session will focus on foundational literacy skills: phonological awareness, phonics, reading fluency, spelling, vocabulary, and oral comprehension. It is recommended for individuals who perform below a 3<sup>rd</sup> grade reading level. The afternoon session will focus on auditory processing, reading comprehension, writing, word finding, advanced spelling, and self-advocacy. It is recommended for older school-aged individuals diagnosed with auditory processing disorder and/or a language disorder that impacts reading comprehension and academic performance.

Child must demonstrate the ability to productively take part in a small group for 2.5 hours. Child may be discharged if unable to participate.

# **Program Coordinator:**

Kathryn Budin, M.S. Ed., CCC-SLP

# **Program Schedule:**

July 2, 2024 – July 25, 2024 4 weeks, 11 days, 2.5 hours per day

Morning Session: 9:00am-11:30am Afternoon Session: 12:30pm-3:00pm

# **IMPORTANT SESSION INFORMATION:**

- We are unable to honor requests for specific session times. Your child will be assigned to a session time by the Program Coordinators according to age, ability, and availability of an appropriate group.
  Thank you for your understanding.
- Sessions will begin and end on time. Prompt arrival and pickup are expected.

# **IMPORTANT HEALTH INFORMATION:**

- While full attendance is encouraged, children should not attend if exhibiting symptoms consistent with COVID-19.
- Communicate early with the program coordinators if your child is ill.

# ABOUT THE BUFFALO STATE UNIVERSITY CLINIC

Established in 1956, the clinic is affiliated with Buffalo State University's Speech-Language Pathology Department, which is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association (ASHA). Clinical services are provided by graduate students under the direct supervision of faculty and professional staff members. Supervisors are licensed by New York State and hold the Certificate of Clinical Competence from ASHA.

<u>Directions</u>: The clinic is located on the Buffalo State University campus in Caudell Hall on Iroquois Dr., accessible via Elmwood Ave. or Grant St. Parking is available in lot I-34 (additional parking is available in lot I-32).

For a campus map, visit:

https://suny.buffalostate.edu/sites/default/files/2020-02/campusmap.pdf

### **Contact Us:**

Phone: 716-878-3530 Fax: 716-878-3526

Email: speechclinic@buffalostate.edu

The Buffalo State University Speech-Language-Hearing Clinic does not discriminate in the delivery of clinical services on the basis of race or ethnicity, gender, age, religion, national origin, disability, or sexual orientation.

| July   | Т           | W  | Th              |
|--------|-------------|----|-----------------|
| Week 1 | Starts<br>2 | 3  | Holiday<br>4    |
| Week 2 | 9           | 10 | 11              |
| Week 3 | 16          | 17 | 18              |
| Week 4 | 23          | 24 | Concludes<br>25 |