



Speech/Language Service Fees

❖ *Below are the reduced rates offered to Saint Junipero Serra Catholic School students*

Initial Assessment – Speech/Language

\$250.00-300.00

A comprehensive assessment evaluates the student's ability to comprehend and use language, produce developmentally appropriate speech sounds, speak without hesitations/disruptions, and/or use expected vocal volume. It includes standardized testing, as well as professional informal evaluation and observations of the student across settings. Specific areas assessed: receptive/expressive language, articulation, social language, fluency, voice. A written report with goals and objectives is provided.

Initial Assessment – Articulation Only

\$200.00

An articulation only assessment which evaluates the student's ability to produce developmentally and dialectically appropriate speech sounds. It includes standardized testing, as well as professional informal evaluation and observations. A written report with goal(s) and objectives is provided.

30 Minute Speech/Language Individual Therapy

\$60.00

A treatment involves individual therapy activities designed to address identified areas for growth. The student participates in skill development tasks presented in a multi-modality approach. Parent training may be included in the session.

30 Minute Speech/Language Group Therapy Treatment

\$50.00

Students with similar goals and objectives work together to improve their skills. Areas that may be addressed in a group setting: social skills, articulation, language. Parent training may be included in the session.

60 Minute Speech/Language Therapy

\$120.00

A treatment involves individual (\$120) OR group therapy (\$100) activities designed to address identified areas for growth. Sessions will be divided across two days (i.e., two 30-minute sessions per week). The student participates in skill development tasks presented in a multi-modality approach. Parent training may be included in the session.

30 Minute Speech/Language Therapy Consultation

\$45.00

A consultation may include teacher(s), assistant(s), psychologist, parents and/or administrator(s). The team collaborates regarding the student's needs and the SLP provides recommendations and guidance in implementing strategies for the student's success within the school setting.



- ❖ Treatment begins after a Speech/Language or Articulation Initial Assessment has been completed. Goals and objectives are agreed upon with the parents and the student. Recommendations are made by the Speech-Language Pathologist regarding the level of service, frequency, and time of day the student will be seen. Payment for assessment must be received prior to the release of a written report.
- ❖ The costs of initial assessments are specified in the *Speech/Language Price List*. Mrs. Suski will discuss the specifics of your child's testing with you in advance and will estimate the total cost. There is no additional charge for the time required to meet with you to explain the results and recommendations. If extensive testing is required, those services may be billed to you at the rate of a regular Speech/Language Therapy treatment in 30 minute increments. Payment for assessment must be received prior to the release of a written report.
- ❖ Fees for services are billed at the beginning of each month. For ongoing services, a minimum of 50% of the total estimated amount is due by the first day of the month. The balance due must be received no later than the 15th of each month, or it will be considered late. Late payments may result in discontinuation of service and/or loss of specific treatment spot during the school day.

Weekly Recommended Therapy Services:

Total Estimated Amount:

\$ _____

I agree to pay for the services indicated above at the rate indicated on the Speech/Language Therapy Price List. I understand that service may be discontinued if timely payment has not been received.

Parent/Guardian Name (Please Print) _____ Relationship to Student _____

Signature _____ Date _____

Parent/Guardian Name (Please Print) _____ Relationship to Student _____

Signature _____ Date _____

Acknowledged by Alissa Suski, M.A., CCC-SLP