

California State University, Los Angeles

Department of Communication Disorders

CLINICAL PHILOSOPHY

The Department of Communication Disorders at CSULA embraces a philosophy of clinical service delivery that is consistent with the ethical standards, scope of practice, and current standards of practice of the American Speech-Language-Hearing Association (ASHA). Our goal is to serve individuals with communication disorders in the most effective and humane manner possible, and to ensure that our students commit themselves to this fundamental clinical value. In training our students, we emphasize the importance of holding paramount the well-being of clients as well as their families and caregivers. The importance of involving families and caregivers in all aspects of the therapeutic process is also stressed.

SERVICES OFFERED

At the Robert L. Douglass Speech-Language Clinic we provide a full range of diagnostic and therapeutic services in a university environment. We offer services for both children and adults with articulation, phonology, language, cognitive, voice, fluency, and hearing disorders. Individual and group therapy services are available in both Spanish and English. Our clinic has also received a grant from the Parkinson Voice Project® to implement SPEAK OUT!® and the LOUD Crowd® therapy programs.

THE STAFF

All services are provided by graduate student clinicians who are supervised by faculty and clinic staff members holding California licensure and the American Speech-Language-Hearing Association's Certificate of Clinical Competence.

FEES

All services are provided free of charge.

THE ROBERT L. DOUGLASS SPEECH-LANGUAGE CLINIC



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Phone: (323) 343-4754

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<http://www.calstatela.edu/hhs/comd/department-communication-disorders-robert-l-douglass-speech-and-language-clinic>

At the Robert L. Douglass Speech-Language Clinic we provide a full range of diagnostic and therapeutic services in a university environment. Our clients include adults, preschoolers, and school-aged children with a variety of communication disorders. We do not discriminate on the basis of race, color, national origin, disability, sex, gender, or sexual orientation.

The clinic is part of a graduate degree program that is accredited by the Council on Academic Accreditation (CAA). As such, we maintain high standards in the provision of comprehensive assessment and intervention services.

To request an application or make additional inquiries, please call the Clinic Office at (323) 343-4754. The Clinic is open from 9am to 6pm Monday through Thursday, and 9am to 4pm on Friday. The Clinic is located in the basement level of King Hall (B119) on the CSULA campus adjacent to Parking Lot 8 on Circle Drive. Free parking is provided.

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Confidential

Department of Communication Disorders
5151 State University Drive
Los Angeles, CA 90032
(323) 343-4754 or 343-4690

DATE: _____

THE ROBERT L. DOUGLASS SPEECH-LANGUAGE CLINIC

CASE HISTORY FORM – CHILD

Client (child): _____ Sex: M ____ F ____

Date of Birth: _____ Age: _____

Place of Birth: _____

Home Address: _____
Number/Street City Zip

Home Telephone Number: () _____

Name of person completing this form: _____

Relationship to client: _____

Name of person who referred you to this clinic: _____

Professional position: _____

LEGAL GUARDIAN(S)

1. Name: _____ Date of Birth: _____

Relationship: _____ Education completed: _____

Occupation: _____ Employer: _____

Cell phone number: (____) _____ Work phone number: (____) _____

If you check your email daily and it is OK for us to contact you this way, fill in your address below:

2. Name: _____ Date of Birth: _____

Relationship: _____ Education completed: _____

Occupation: _____ Employer: _____

Cell phone number: (____) _____ Work phone number: (____) _____

If you check your email daily and it is OK for us to contact you this way, fill in your address below:

Relationship of legal guardians to each other: _____

If the legal guardians are not the child's parents, explain why: _____

FAMILY HISTORY

Names of Brothers & Sisters	Age	Sex	Grade In School	Special Problems?

Others living in the home in addition to legal guardian(s) and siblings	Relationship to Child

Language(s) Spoken in the Home:

What language is used most often by:

first legal guardian to the child: ___ English ___ Other (_____)

second legal guardian to the child: ___ English ___ Other (_____)

brothers and sisters to the child: ___ English ___ Other (_____)

legal guardians to each other: ___ English ___ Other (_____)

brothers and sisters to each other: ___ English ___ Other (_____)

Are there languages besides English spoken to the child in addition to the language(s) listed above?

___ Yes ___ No If yes, explain: _____

BIRTH AND DEVELOPMENTAL HISTORY

Pregnancy

Length (in weeks): _____ Labor (in hours): _____ Birth Weight: _____

Mother's health during pregnancy: ___ Excellent ___ Good ___ Fair ___ Poor

Was the mother given drugs during pregnancy? ___ Yes ___ No

Was the mother given drugs during the delivery? ___ Yes ___ No

Were forceps used during the delivery? ___ Yes ___ No

Describe any complications during or immediately after delivery: _____

Past or Present Problems

- | | | | |
|-------------------|-----|-------------------|-----|
| Feeding problems | ___ | Bedwetting | ___ |
| Sleeping problems | ___ | Seizures | ___ |
| High fevers | ___ | Overactivity | ___ |
| Unusual fears | ___ | Undue sensitivity | ___ |
| Behavior problems | ___ | Accident prone | ___ |
| Clumsy | ___ | | |

For each of the items checked above, please give an explanation:

(Please use other side of this page if you need more room)

Development

Give approximate ages for each of the following milestones in months.

- Language: Babbling ___ First Words ___ Two Word Phrases ___ Sentences ___
- Gross Motor: Sat alone ___ Crawled ___ Walked Alone ___ Stood Alone ___
- Fine Motor: Fed Self w/ Spoon ___ Dressed Self ___ Tied Shoes ___ Printed Name ___
- Toilet Trained: Bladder ___ Bowel ___ Night ___

Miscellaneous

What do you consider your child's main assets?

What are your most frequent discipline problems with your child?

Who does the disciplining? _____

How do you discipline? _____

At what age was the speech/language problem first noticed? _____

Did it follow illness, accident or unusual occurrence? _____

Was there any period when speech/language development seemed to have stopped? Yes ___ No ___

If yes, what do you believe was the cause, and how long did it last? _____

Has your child's speech/language changed in the last six months? Yes ___ No ___

If yes, describe how it improved or regressed: _____

How did (does) child make wants known? _____

What is your child's attitude toward his speech/language? _____

Do other members of the family have speech/language problems? Yes ___ No ___

If yes, please describe: _____

What situations do you feel have affected your child's speech/language problem? _____

List psychological, speech and hearing testing and/or therapy:

Testing or Therapy	Institution	Date
	Name: Address: City, State, Zip:	
	Name: Address: City, State, Zip	
	Name: Address: City, State, Zip	

Did such testing result in a diagnosis? Yes ___ No ___

If yes, describe: _____

What are your major concerns regarding your child? _____

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ROBERT L. DOUGLASS SPEECH AND LANGUAGE CLINIC**

PRIVACY NOTICE AND CONSENT FORM

The Robert L. Douglass Speech and Language Clinic is a training service agency. Our services to clients are provided by students who are supervised by faculty members. In order to provide this supervision and promote student learning through observation, our clinic rooms have special equipment – one-way observation windows, TV monitors, and audio and/or video recording devices. Occasionally a video or audiotape will be saved beyond the time of direct services because it is considered a good example for training purposes. These tapes are subject to all the confidential restrictions mentioned below.

Keeping client information confidential and secure, and using it only as our clients would want us to, is a top priority for all of us at the Robert L. Douglass Speech and Language Clinic. Here, then, is our promise to our clients and their families:

1. We will safeguard, according to strict standards of confidentiality and security, any information that clients share with us. What is discussed as part of the therapy process is confidential unless and until you give consent to its release.
2. We will permit only authorized employees, students, and instructional staff who are trained in the proper handling of client information to have access to that information.
3. We will not reveal client information to any external organization unless we have previously informed the client in disclosures or agreements, have been authorized by the client to share the information, or are required by law to reveal that information.
4. We will always maintain control over the confidentiality of our client information.

In short, any personal information that we collect about you or your family will be protected by physical, electronic, and procedural safeguards that meet or exceed applicable law. Finally, information obtained from clients may be used for research purposes. If this occurs, information will be handled professionally, treated confidentially, and any identifying information about the client is removed.

I have read the above policy statements and agree to these conditions.

Signature of Client

Signature of Parent or Legal Guardian

Print Client's Name

Date