

College of Letters, Arts, and Social Science
Norma S. and Ray R. Rees Speech Language and Hearing Clinic
25800 Carlos Bee Boulevard, Hayward, California 94542-3065
Phone: 510.885.3241 Fax: 510.885.2186 www.csueastbay.edu/commsci www.csueastbay.edu

WHO WE ARE

We are a teaching clinic for students who are preparing for careers in Speech-

CALIFORNIA STATE UNIVERSITY, EAST BAY
Department of Speech, Language, and Hearing Sciences
Norma S. and Ray R. Rees Speech, Language and Hearing Clinic

510/885-3241

APPLICATION FOR CLINICAL SERVICES

DATE OF REQUEST: _____ / _____ / _____

Client First Name:

Client Last Name:

Date of birth: _____ /

Has the prospective client had any previous speech, language or hearing evaluations or treatment?

...Yes ...No

If YES, do you have a copy of the most recent IEP or medical report?

...Yes ...No

If you checked "Yes" above, please provide a copy of the IEP or medical report. If you checked "No" above, please complete the Authorization for Release of Information form included with this application (page 4), and we will request the report(s) on your behalf. Your application will not be able to be processed without these documents . Additionally, please provide the information below:

	Provider	Dates of Service	Outcome/Recommendations
...Evaluation ...Treatment			
...Evaluation ...Treatment			
...Evaluation ...Treatment			
...Evaluation ...Treatment			
...Evaluation ...Treatment			

Does the client have a history of chronic ear infections or any chronic illnesses related to hearing or the ear?

...No ...Yes – Please provide details below:

Is there any family history of communication difficulties?

...No ...Yes – Please provide details below:

Please add any information you feel is important. Examples include details on previous diagnoses such as autism or stroke, details on medical history, social skills/challenges, educational history, etc.

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