



Individual Academic Language Therapy 2018-2019

Oak Hill Academy's Speech Language Clinic provides individual Academic Language Therapy for Oak Hill students as well as children and adolescents from the community. Goals and schedules are customized to meet the needs of each individual.

Academic Language Therapy is for students who require additional individualized instruction in Alphabetic Phonics beyond what is offered as part of the regular curriculum. Academic Language Therapists work with students to improve their phonemic awareness, phonetic reading, spelling, and handwriting skills.

Schedule Information:

The frequency and length of sessions varies according to each individual's needs. Students typically attend two to four half-hour sessions each week. Sessions may be available before school or after school.

Payment Information:

The rate for individual therapy is \$60.00 for each half-hour session (\$120.00 per hour). Therapy services are scheduled on a semester basis. A contract will be issued specifying the dates and times of sessions, the name of the therapist, the number of sessions scheduled for the semester, the rate per session, and the total cost for the semester.

All payment for therapy services will be processed through FACTS Tuition Management. As part of enrollment for school, Oak Hill families already have an account in FACTS, and many families currently have an account specified for Auto Pay for Incidental Billing Expenses.

If you wish to update the financial account for therapy services and other billing expenses, log into your account at FACTS. You will be able to see any outstanding balances for your Tuition Payment Plan as well as for Incidental Billing Expenses. On the left hand side of the webpage, select **View Details** by Payment Plan & Billing. Here you can **Change** the Account or **Cancel Auto Pay** for the Financial Account associated for Incidental Expenses. Be sure to select the account next to **Incidental Expenses**, or else you will be making changes to your tuition payment plan.

The following payment options are available for individual therapy:

- Payment by *ACH bank transfer* or *credit card* for the *total* cost of the semester, due by September 10, 2018.
- Payment by *ACH bank transfer* or *credit card* in three equal installments. For the Fall 2018 semester, payments will be due on September 10th, October 10th, and November 10th. Families choosing this option will receive email reminders for the second and third installments, but not additional invoices.
- Note that all credit card payments include a service fee processed by FACTS.

Registration information:

To enroll your child in individual therapy, fill out and return the attached request form. All families must submit a request form for the 2018-2019 school year, even if their children previously attended therapy. Students who are continuing in therapy from previous semesters will be given priority in scheduling until **Monday, August 13, 2018**. Beginning on Tuesday, August 14th, students will be scheduled in the order that their requests were received. Once all available therapy times have been filled, parents will be notified that their student has been placed on a waiting list. Therapy sessions will begin the week of September 3rd and continue through the beginning of December. Spring therapy sessions will begin the week of January 14, 2019.

For more information, please contact:

Karen Crance, MS, CCC-SLP
Director, Speech-Language Clinic at Oak Hill Academy
kcrance@oakhillacademy.org
214-353-8804 ext. 111



Request for Individual Academic Language Therapy 2018-2019

To enroll your child in Individual Academic Language Therapy, please return this form to the Oak Hill Academy office or to kcrance@oakhillacademy.org. Students who were previously enrolled in individual therapy will be given scheduling priority until **Monday, August 13, 2018**. After this date, students will be scheduled in the order that their requests were received. **Please contact Karen Crance, Director of the Speech Language Clinic, with any questions.**

Student Information

Name:		
Age:	Birthday:	Grade:

Parent/Guardian Information

Name:
Email Address:
Billing Address: <i>Please include street address, city, and zip code</i>
Primary phone number: Phone Type: <input type="checkbox"/> Mom's cell <input type="checkbox"/> Dad's cell <input type="checkbox"/> Mom's work <input type="checkbox"/> Dad's work <input type="checkbox"/> Mom's home <input type="checkbox"/> Dad's home

Please provide the following information about the type of therapy schedule that you would prefer for your child. You will be contacted to confirm a schedule.

Number of sessions per week? Length of sessions?
Please indicate all of the times that your child is available. Before School: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday After School: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday
Please indicate your preferred type of payment plan <input type="checkbox"/> Payment in full at the beginning of the semester or <input type="checkbox"/> Payment in three installments Note: All payments will be processed through our FACTS Tuition Management System.

For Office Use Only: Received on _____ (date) at _____ (time) by _____ (staff member)