



13216 Craig Street  
Overland Park, KS 66213  
[Beckham.hslc@gmail.com](mailto:Beckham.hslc@gmail.com)  
913-302-5137

## Personal Information Sheet

Today's Date:

Child's name: <i>(Please attach a picture of your child)</i>	Siblings/Ages:	
Birthdate:	Age:	Entering Grade:
School:	School District:	
Parent name:	Parent name:	
Address:	Address:	
City/State/Zip:	City/State/Zip:	
Cell #	Cell #	
Work #	Work #	
Home #	Home #	
Email:	Email:	
Referral Source:		
Relevant diagnosis or conditions:		
Is your child aware of his/her diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you comfortable with you child becoming aware of his/her diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please describe your general concerns at home and school:		
Is your child aware of his/her own social relationship challenges? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your child have: (circle one) IEP 504		
Areas addressed on IEP or 504 include:		
<b>ALLERGIES / RESTRICTIONS</b>		
Does your child have any <b>Food allergies/restrictions</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO Allergic to <b>dogs</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## PARENT QUESTIONNAIRE

What are your child's special interests, hobbies, or talents?

Please rate your child's behaviors on a scale from 1 - 5 (5 = Independent; Consistent with same-aged peers)

<b>BEHAVIOR</b>	<b>HOME</b>	<b>SCHOOL</b>
Greets others easily		
Shows interest in others: (Attends/Listens with eyes)		
Maintains appropriate personal space		
Follows and adds to the conversational topic		
Regulates his/her speaking (Circle most prominent: amount rate volume)		
Gets to the point when telling/retelling a story		
Asks for help when needed		
Joins group activities		
Regulates his/her own emotions		
Reads the feelings of others		
Understands/uses humor effectively		
Accepts mistakes		
Thinks flexibly when things don't go as expected		
Able to match his/her reaction to the size of the problem		
Considers and tolerates other points of view		
Keeps track of his/her things (school supplies, personal belongings, etc.)		
Comprehends what he/she reads		
Able to show his/her work in math without complaint		
Completes written assignments in manner expected for age		
Manages time wisely		
Manages homework as expected for age		
Controls his/her temper		
<p>**If you rated your child a '3' or below on the last item (controlling his/her temper), please describe his/her triggers and any behaviors you have observed:</p>		



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### Teacher/Professional Questionnaire

Date: \_\_\_\_\_

Dear Professional,

Heartland Social Learning Center LLC is currently evaluating \_\_\_\_\_ and has asked for your input. It will be of great benefit to have you complete the information below concerning this student based on your observations and experience. Please return this form to the person who gave it to you or mail it to the address below. Thank you!

*Heartland Social Learning Center LLC,  
 13216 Craig Street  
 Overland Park, KS 66213*

**Date:**

<i>Your name:</i>		<i>Relationship to the student:</i>			<i>Grade of student:</i>
<b><i>Please check the level you feel this student performs in your setting in the following areas:</i></b>					
Skills	Above Grade Level	At Grade Level	Below Grade Level	Not Observed	Comments
<i>Pays attention in class</i>					
<i>Math</i>					
<i>Reading (decoding)</i>					
<i>Reading Comprehension</i>					
<i>Verbal Expression</i>					
<i>Written Expression</i>					
<i>Handwriting</i>					
<i>Participates in class discussion</i>					
<i>Participates in small group work</i>					
<i>Makes and keeps friends</i>					
<i>Asks for help</i>					
<i>Regulates his/her emotions</i>					
<i>Organizational skills in class</i>					
<i>Organizational skills from home to school</i>					

*Please add additional comments here:*

## PREFERRED METHOD OF COMMUNICATION

Please check your preferred method(s) of communication below:

E-Mail    U.S. Mail    Telephone

NOTE: If you have authorized Heartland Social Learning Center, LLC to communicate and correspond with you via e-mail, you acknowledge that Heartland Social Learning Center, LLC may transmit personal and confidential information to you regarding your child's treatment by email over the Internet including but not limited to progress reports and/or Quickbooks invoices, etc. Heartland Social Learning Center, LLC will use reasonable means to protect the security and confidentiality of e-mail information sent and received, however, Heartland Social Learning Center, LLC cannot guarantee the privacy and security of such information. It is your duty to protect your e-mail account, password and computer against access by unauthorized persons. Heartland Social Learning Center, LLC will not be liable in the event that you or anyone else inappropriately uses or accesses your e-mail. You agree that should any information sent to you by Heartland Social Learning Center, LLC be intercepted or otherwise accessed or modified by any unauthorized third party, you shall fully release, discharge, and hold harmless Heartland Social Learning Center, LLC from any damages arising directly or indirectly from such interception or access. You may revoke your authorization for Heartland Social Learning Center, LLC to communicate with you by email at any time by written request.

I agree to the terms stated above (permission applies up to one year after last scheduled date of service.)

### Video and Audio Permission

**Permission to use video or pictured image and audio recording.**  
**This form must be signed in order for you/your child to participate in the program!**

The use of video, picture image and audio recordings are an essential component to teaching social awareness and social skills, therefore, Heartland Social Learning Center LLC must be allowed to use these types of recordings in order for you/your child to participate in our program.

Please check the following box to indicate that you WILL allow these recordings and wish to participate in our program:

I give my permission for Heartland Social Learning Center LLC to use video/audio recordings of me/my child within the clinic setting for therapeutic purposes only.

### Outing Permission

We occasionally plan outings to various places in the community to explore and practice a variety of social concepts and must have parent/guardian permission prior to going on any outing. Please check and sign in the designated places:

I give my permission for my child, \_\_\_\_\_  
to walk in the community and/or be transported by vehicle as needed during therapy sessions with a professional employed by Heartland Social Learning Center LLC.

I agree to all of the above checked areas.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Services and Fees

### **Initial Assessment**

An initial assessment is required prior to participation in either individual or group interventions. This is an opportunity for all parties involved to meet each other and share information that will help determine if the services offered will meet your needs. Should it be determined that our services will not meet your needs, every effort will be made to help guide you in finding resources/services that will.

### **Individual Sessions:**

Individual sessions are typically recommended at the start of treatment in order to establish trust and to allow your child to learn relevant concepts prior to joining a group. Individual sessions may also be recommended for those whose sensory, attention and/or anxiety challenges prevent or delay immediate group participation OR when a compatible group is not available at the requested time.

### **Group Sessions:**

Placing your child in a compatible group is of the utmost importance, therefore, significant effort is made to place participants with peers whose social learning abilities are closely matched based upon cognitive, social language and general auditory processing abilities. If a compatible group is not available at the requested time, your child will be placed on a waiting list and you will be contacted when an appropriate group opportunity occurs.

### **Attendance Policy for Social Thinking Groups**

Groups run from mid August through May and from June thru early August. The office will be closed 2 weeks for winter break, and the following national holidays: Memorial Day, Labor Day, and 2 days for Thanksgiving. In order to gain the most benefit from group sessions, participants are strongly encouraged to attend every session. Three or more absences indicate the need to re-evaluate a student's commitment to the group and will be addressed per individual case.

### **Make-up sessions:**

\*All group sessions cancelled by the coach will be rescheduled at an agreed upon time with all parties involved.

\*One built-in 'make-up' session is available at the end of each semester for missed sessions, which may be used by one or all participants in the group. If a student misses more than one group session, they may schedule an individual session at the Individual session rate.

\*No Show policy: A 'day ahead' notice (call, email or text) is requested for all cancellations. Clients who do not cancel in advance and who do not appear for scheduled appointments will be charged \$50.00 for each missed appointment.

**Regarding Insurance:** It is the philosophy of Heartland Social Learning Center LLC that the highest quality of service and confidentiality be maintained regardless of current trends in managed care to place restrictions on reimbursement for speech language therapy services. Therefore, HSLCLLC does not bill insurance companies directly nor does it act as a participating provider for any insurance plans. There is no guarantee that your insurance company will reimburse any or all expenses for direct services, however, some insurance companies will work with their members regarding these interventions. You will be provided a statement of services suitable for submission to your insurance company upon request. Please remember that reimbursement is a matter between you and your insurance company, so it would be in your best interest to always check with them directly for questions concerning your coverage.

### **Family Education**

Social growth depends upon the sharing of common vocabulary and concepts so that generalization of concepts will occur in the client's natural environment. Parents/guardians/significant others are strongly encouraged to attend the last 10 minutes of each session in order to review new ideas/concepts taught during the session. These end-of-session summaries are part of an ongoing effort to maintain communication related to your child's progress, however end-of-semester conferences and/or written progress summaries are available. (Upon request only.)

## **Fees and Billing:**

\**Initial Phone interview: No charge;*

\**Initial Assessment: \$150.00 (written report: \$300.00) (written progress reports available upon request: \$150.00)*

\**Individual Session: \$125.00 per hour \*Group sessions: Group costs may vary slightly due to # of sessions per semester and/or unpredictable overhead costs, i.e. rent, materials, etc.*

\**Individual and/or School Conferences and/or Consultations: \$125.00 per hour; \*Phone Communication: Hourly rate (\$125.00) will be divided by 15 minute increments based on length of call.*

I understand and agree to the Explanation of the Services and Fees information stated on this document.

Initials \_\_\_\_\_ Date \_\_\_\_\_

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**EXCHANGE of INFORMATION AUTHORIZATION**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

State

Zip Code

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Alternate Telephone

I give permission for Beckham S. Linton M.A., CCC-SLP to share information with any of the following people regarding the educational treatment for my child.

Professional's Name	Title	Telephone Number	Email Address

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This privacy Notice tells you about your rights regarding speech language therapy records in this private practice. One copy of this Privacy Notice is for you to keep.

1. What are health care records in this speech therapy practice?

\*Your son/daughter's health care records include:

- \* Names and contact information such as address and phone number
- \* Notes about the client's performance during each session
- \* Test forms/questionnaires, etc.
- \* Reports from other agencies that you provide
- \* Audio/video recordings of sessions
- \* Emails you send (I do not save every email)
- \* Emails exchanged with a school based and/or other professionals such as SLP's, OT's, Reading Specialists, and/or lawyers.
- \* Copies of receipts for payments
- \* Other documentation related to speech/language evaluation, treatment, and communications
- \* The following information is not collected by this practice: social security numbers, health insurance information, or other financial information from parents.

\*By participating in my private practice, you agree to allow video- and audio- recordings as well as formal and informal assessments when I feel these are appropriate to assess progress or investigate the influence of related skills on communication.

\*Video- and audio- recordings are only used within the group from which they were obtained. No one else watches and/or listens to these video-/audio- recordings without your written consent.

\*All records are stored either in a locked file drawer or in a computer that is password protected. I am the only person with access to these records. (I have no employees or assistants.)

2. I will not share any of your personal information with anyone or any agency without your written consent unless legally required to do so.

\*I will provide the responsible individual/parent who signs the therapy agreement form with all written information such as an evaluation report, progress reports, and homework suggestions.

\* I will not forward any reports or talk by phone or email with any other person about you or your student without your written consent, unless legally required to do so.

3. You have a right to access your records and I require 1 week notice if you request hard copies.

\*\*Additionally, the therapist providing services will not be held responsible for any claims or damages of any kind, for injury to any person or persons and/or for any damages due to loss of property arising directly or indirectly from participation in these therapy sessions.

I have read, understand, and agree to this Notice of Privacy Practices.

\_\_\_\_\_  
Parent/Responsible Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

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