Thank you for your interest in the SUNY New Paltz Speech and Hearing Center. We provide a wide variety of services for people with communication disorders with the community and at New Paltz College. Below is a list of some of our services and fees. We believe that we provide a high level of quality care at our Center. Our fees may be significantly lower than private Speech and Hearing Centers and Hospital programs because we are a training institution. Each of our students benefits from every client that we evaluate. Certain services are available to college students, faculty, and staff at no charge. All of the services outlined are strictly supervised by NYS licensed, ASHA certified professionals.

REFERRALS

Referrals may be made by any interested person (parents, teachers, physicians, dentists, psychologists, counselors, self).

DIAGNOSTIC SPEECH AND LANGUAGE EVALUATIONS ($75)

A detailed examination of an individual’s speech and language function including interview, case history, and summary consultation with the client or parent. Recommendations may include referral to other professional(s), and therapy. These evaluations are performed by appointment only.

THERAPY SERVICES ($240.-FALL AND SPRING; $120.- SUMMER)

Speech and language therapy is available for preschool and school age children, New Paltz College students and adults.

Audiological services may include diagnostic hearing evaluations, referrals, hearing aid evaluations, dispensing and repairs. These services are available to New Paltz students, faculty and staff preschool and school-age children, and individuals in the surrounding community.

Hearing Aid Evaluation: $35.

Hearing Aid Fitting Fees (dependent upon manufacturer's invoicing) Earmolds: $35.

* The total cost of the hearing aid purchased through our Center is determined by the manufacturer's cost plus a fitting fee. The fitting fee is determined by the size of the hearing aid required.

If you wish to contact our program to make an appointment for an evaluation or to schedule audiological evaluation, please contact us at (845) 257-3600. We will forward these forms to you, parking information and a parking permit.
AUDIOLGY PEDIATRIC HISTORY FORM

Patient’s name __________________________ (M) (F) DOB
Address ____________________________________________
Telephone __________________________ Language Spoken at home
Guardian’s name __________________________ email address
Child’s physician __________________________
Physician’s address & phone # __________________________

Reason for the Evaluation ____________________________________________________________

BIRTH AND PRENATAL HISTORY

1. Length of pregnancy __________ Complications of labor/birth
   Birth weight __________ Hospital __________ Length of stay in nursery __________

2. Any medical history of:
   Oxygen deprivation (yes/no) Respiratory distress (yes/no) Jaundice (yes/no) Transfusions (yes/no)
   RH factor (yes/no) Family history of congenital hearing loss (yes/no) Congenital deformities (yes/no)
   Other complications:

DEVELOPMENTAL MILESTONES

3. At what age did the child: sit _____ crawl _____ walk _____ toilet train _____

4. If the child is under 6 months of age (if older, skip to #5) does she/he:
   Startle to sound (yes/no) wake to loud noise like the vacuum (yes/no) calm to your voice (yes/no)
   Go to question #7

5. If the child is 5 to 7 months of age (if older, skip to #6) does she/he:
   Recognize his/her name (yes/no) turn to sound (yes/no) React to music (yes/no)
   Go to question #7

6. At what age did the child: Babble _______ Imitate sounds _______ say first word _______
   Use sentences __________________________

7. Has the child had any developmental / educational / neurological evaluations? Explain

8. Are there any speech / language problems? Describe

Please complete both sides of form
OTHER MEDICAL HISTORY

9. How is the child doing in school? ___________________________ Type of class placement ___________________________
10. Illnesses requiring hospitalization ___________________________ when ___________________________
11. Long-term medications ___________________________ Condition ___________________________
12. Is there a history of:
   • Meningitis (yes/no) when ___________________________ treated by ___________________________
   • Maternal rubella (yes/no) At which stage of pregnancy ___________________________
   • Measles (yes/no) when ___________________________ treated by ___________________________
   • Mumps (yes/no) when ___________________________ treated by ___________________________
   • Fevers over 104 (yes/no) when ___________________________ treated by ___________________________
   • Seizures (yes/no) when ___________________________ treated by ___________________________
   • Family genetic anomalies (yes/no) ___________________________
   • Ear infections, frequent (yes/no) ___________________________ date of most recent treated by ___________________________
   • Ear surgery (yes/no) when ___________________________ performed by ___________________________
   • Other surgery (yes/no) type ___________________________ performed by ___________________________
   • Other conditions / diagnosis ___________________________

OTHER AUDIOLOGICAL HISTORY

13. How does the child communicate his/her needs? ___________________________
14. Does the child appear to hear (yes/no) Does child want TV excessively loud? (yes/no) ___________________________
15. Does the child understand verbal requests, commands, directions, etc? (yes/no) ___________________________
16. Does the child repeat what is said to him/ her? (yes/no) ___________________________
17. Does the hearing seem to fluctuate? (yes/no) ___________________________
18. Does the child seem to have unusual difficulty hearing in noise? (yes/no) ___________________________
19. Does the child get distracted easily in a noisy environment (yes/no) ___________________________
20. Is there a family history of hearing loss? (yes/no) who? ___________________________
21. Has the child’s hearing ever been screened or tested before? (yes/no)
   • Where? ___________________________ when? ___________________________ results ___________________________
22. Has an assistive device or hearing aid ever been recommended? (yes/no) If yes, please give specific recommendation ___________________________
23. Has the child ever had a speech / language evaluation? (yes/no)
   • Where? ___________________________ when? ___________________________ results ___________________________

Where would you like the evaluation results sent?

__________________________________________

__________________________________________

Authorizing signature ___________________________
DIRECTIONS TO SUNY NEW PALTZ—
HUMANITIES BUILDING

From the North or South, take the NYS Thruway (I-87) to Exit 18. Turn left onto Route 299 and proceed approximately 6 miles to New Paltz. Turn left onto South Manheim Boulevard (Route 32 South).

From the Northeast/West, take the NYS Thruway (I-90) to Albany and then south (I-87) to Exit 18. Turn left onto Route 299 and proceed approximately 6 miles to New Paltz. Turn left onto South Manheim Boulevard (Route 32 South).

From the Southwest, take Route 17 east to the NYS Thruway (I-87) and north on the Thruway to Exit 18. Turn left onto Route 299 and proceed approximately 6 miles to New Paltz. Turn left onto South Manheim Boulevard (Route 32 South).

From Connecticut, take I-84 west to Exit 7S and follow the signs for the NYS Thruway (I-87). Take the Thruway north to Exit 18. Turn left onto Route 299 and proceed approximately 6 miles to New Paltz. Turn left onto South Manheim Boulevard (Route 32 South).

From New Jersey, take the Garden State Parkway north or Route 17 north to the NYS Thruway (I-87) to Exit 18. Turn left onto Route 299 and proceed approximately 6 miles to New Paltz. Turn left onto South Manheim Boulevard (Route 32 South).

From the Mid-Hudson Bridge, after you pass the toll booth (no toll is collected in this direction), take the first exit which is Route 9W North. Proceed 2 ¾ miles to a traffic light at the intersection of Route 299. Turn left onto Route 299 and proceed approximately 6 miles to New Paltz. Turn left onto South Manheim Boulevard (Route 32 South).