

TRAFFORD SPEECH, LANGUAGE AND LITERACY SERVICES, INC.

ACCENT MODIFICATION INTAKE FORM

Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Birth Language _____ what other languages do you speak

Age when you moved to the United States _____

Country you moved from _____

Reason Why you moved to the United States _____

Who resides in your home (names, ages and relationship)

What language do you speak mainly at home _____

Work Name _____

Work Address _____

Work Expectations _____

What language do you speak mainly at work _____

Phone: Home _____ Work _____ Cell _____

Email address _____

How do you prefer to be contacted _____

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WAIVER/INFORMATION SHARING

By Signing this form, I give permission for my child's doctor, teacher, other care providers to share information with professional affiliates of Trafford Speech, Language and Literacy Services, Inc. I also understand that I am responsible for payment at the time of service.

Signature

Date

I give permission to have my child photographed or videotaped for:

_____ office use only;

_____ for office and possible advertisement/publication

_____ I do NOT give permission to have child photographed or videotaped for any other purpose than therapy related
