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School-Aged Children:

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|---|---|---|
| 1. Do you see school age children for evaluations? If yes, up to what age? | Yes, through high school | Yes, all school ages preschool to high school |
| 2. Do you see school age children for treatment? If yes, up to what age? | Yes, through high school | Yes, all school ages preschool to high school |
| 3. What is your philosophy of care in providing treatment to school age children? For example, are there a prescribed number of sessions that you see these children? | Number of sessions is determined by diagnosis and how they are responding to therapy. May vary from weekly, monthly, or consultative sessions. The hospital SLP may also reach out to school based SLP to get a more in-depth history of therapy and performance in school. This may result in a finite number of treatment sessions recommended for the family followed by a home program; | Yes, all school ages preschool to high school |

4. Does treatment time vary by diagnosis (artic vs. language vs. pragmatics vs. AAC vs. stuttering)?

Articulation for school age kids may have a finite number of sessions addressed with the family and then transition back to schools;

The other diagnosis may be seen longer than an artic/language patient if they continue to make progress and are working on generalization of skills to the community; Language—therapist dependent on how long they see school age kids for language therapy;

1. Treatment time varies by diagnosis, but more importantly it is driven by severity of that diagnosis and the child's anticipated success with therapy. As stated above, all diagnoses are treated within episodes of care which are determined by the child's severity, capacity and stimulability for change, and parent engagement with home programs. Goals targeted must be realistic for the child's capabilities and highly measurable. Programs, such as AAC, have specific goals and once they are reached the intervention changes. Therapy may target one area of concern noted at one time and then shift to a secondary concern at a later date. Therapists may also use breaks to allow the

Models of Therapy Offered:

5. What types of service delivery models do you offer (e.g., individual, group, telepractice, etc.)?

Individual

5. At this time we only offer individual sessions, 30 minutes -60 minutes

6. If groups are offered, what is the frequency of the groups (e.g., ongoing versus a set number per year that start/stop)?

No groups offered

7. In regard to discharge of group therapy, is the decision clinically determined by the clinician or is there a policy/guideline? If a guideline exists, please explain.

n/a

8. In regard to discharge of individual therapy, is the decision clinically determined by the clinician or is there a policy/guideline? If a guideline exists, please explain.

Determined by the clinician

We use SMART goals which are specific to the child, realistic to their needs and abilities, and written in collaboration with the family. They are measurable and functional. Generally, when goals are met the family agrees that discharge is appropriate and the discharge is completed. At times, we discharge because the child has met the Episode of Care determined at the evaluation or throughout the course of treatment. This would mean that this child has met the realistic outcome expectations for treatment at that time. This decision may be made by professional judgment. There are also policy and guidelines in place that determine discharge based on attendance. If a family has 2 no show appointments

C

D

Yes, up to age 22 years

Yes, up to 21 years

Yes, up to 22 years

Yes, up to 21 years

1. Typically a 12 week POC, but extend for additional 8-12 weeks depending on progress, needs and time availability.

1-2 times per week

Not typically, it varies more based on severity and response to intervention. Yes therapists work with parents to determine what works best

Direct treatment/Individual, individual cotreatments with OT/PT, clinic consults. (Previously had some groups from my understanding, but haven't had any in the past 1.5 years)

1. None currently, but would follow similar model of set number of weeks (probably between 6-12) in a row depending on type and make up of group.

No input on this one, but I would assume it would be clinically determined.

Based on clinical determination by clinician regarding extending/shortening POC We discharge when goals are met or family wants to dc, or if they are no longer benefiting



