GWU Speech & Hearing Center

3-Day AAC Intensives

What:

GWU is now offering AAC Intensives – individual therapy sessions and parent education over a 3-day period to children who are current AAC users.

The therapy sessions will be:

• Individualized based on the participant’s needs
• Focusing on functional communication skills in the context of play-based and real world activities
• Incorporating language and social skills

GWU is a teaching facility; therefore, therapy will be provided by our graduate level clinicians and supervised by an ASHA certified Speech-Language Pathologist. Each participant will be paired with 2 graduate clinicians to provide consistency and support. A case history and skills assessment are required before beginning the therapy sessions.

Where:

The George Washington University
Speech & Hearing Center
2115 G St., NW, Suite B01
Washington, DC  20052

Contact:

Kari Comer, M.S., CCC-SLP
comerk@gwu.edu
Cost

The cost of the AAC Intensives Workshop is $350.00, which includes:

- A skills assessment (this will be done the week before the Intensive)
- 6 individualized therapy sessions
- Parent education
- A detailed report with impressions, progress, and recommendations

When

The Intensives can be scheduled anytime during the semester Monday-Wednesday or Tuesday-Thursday

Your child may be appropriate for the AAC Intensives Workshop IF he/she:

- Has an AAC device and is familiar with basic operations (scanning, selecting, etc.)
- Appropriate goals include:
  - increasing sentence length
  - asking/answering questions
  - commenting
- Can tolerate 2 hours of therapy per day over 3 consecutive days
- Does not have any behavior issues that could impede therapy (hitting, kicking, biting, etc.)
AAC Intensives Workshop Application

PARENT INFORMATION
Parent’s Name: ________________________________________________________________
Telephone Number: ____________________________________________________________
Email Address: _______________________________________________________________

PARTICIPANT INFORMATION
Child’s Name: ________________________________________________________________
Child’s Date of Birth: __________________________________________________________
Child’s Medical Diagnosis: _____________________________________________________
Severity Level: _______________________________________________________________

AAC & THERAPY INFORMATION
Type of AAC device and program used: __________________________________________
Does your child have basic operational knowledge of his/her device? ☐ Yes ☐ No

*Please note that parents are responsible for programming the device prior to the beginning of the workshop.

Current type of Therapy: _______________________________________________________
Frequency & Duration of Therapy: _______________________________________________

INTENSIVES WORKSHOP DATE SELECTION
Date of AAC Intensives Workshop preferred: (please note that we will try to accommodate your request, but dates depend on available spots):

☐ Monday-Wednesday    ☐ Tuesday-Thursday

Is your child able to tolerate 2 hours of therapy per day? ☐ Yes ☐ No

Does your child have any behaviors that could impede therapy? ☐ Yes ☐ No

If yes, explain: _______________________________________________________________