

## Summer 2026 Cougar Communication Groups

Thank you for your interest in the University Speech-Language-Hearing Clinic's (USLHC) Summer 2025 Cougar Communication Group (CCG). The USLHC is a United Way agency providing evaluation and treatment services to infants, children, and adults with speech, language, and hearing impairments.

The summer Cougar Communication Group program offers affordable and intensive summer therapy to children ages 2 to 14 years. Children work with others who have similar goals to maintain and continue their speech and language progress through fun activities, such as story-time, art, science, and play. In addition to individual communication goals, social communication skills needed to participate successfully in school routines and peer interactions are targeted.

Graduate students working towards a Master of Arts degree in Communication Sciences and Disorders lead the groups under the direct supervision of licensed and certified speech-language pathologists. The groups meet on Mondays and Wednesdays **OR** Tuesdays and Thursdays from **June 15 to July 30**.

The camp fee is \$1050.00 plus a \$50.00 non-refundable materials fee.

Please complete and submit the enrollment packet together with materials fee of \$50.00 to the clinic by calling 713-743-0915 or emailing [uslhc@uh.edu](mailto:uslhc@uh.edu) for placement in our summer program. *(A reduced rate based on family income is available to families who qualify. Please ask the front desk for a fee reduction application.)*

We are excited to **Discover the Magic** this summer and look forward to working with you and your child. Call **713-743-0915** or email [uslhc@uh.edu](mailto:uslhc@uh.edu) if you have any questions.

Sincerely,

Cougar Communication Groups  
University Speech-Language-Hearing Clinic (USLHC)



**USLHC**

UNIVERSITY  
**SPEECH-LANGUAGE-HEARING**  
CLINIC

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**Summer 2026**  
**Cougar Communication Groups**  
June 15 – July 30

**ENROLLMENT PACKET**

Discover the Magic



**Children 2 to 6 years: 9:00 am-11:00 am**  
Monday/Wednesday or Tuesday/Thursday

**Children 7 years to 14 years: 1:30 pm -3:30 pm**  
Monday/Wednesday or Tuesday/Thursday

Call **713-743-0915** for further enrollment information

*Enrollment applications will not be accepted once the program enrollment spaces are filled.  
Submit your child's enrollment packet and deposit early to ensure a reserved space in CCG.*

**A late registration fee of \$50.00 will apply to applications received after May 15, 2026,  
and acceptance is dependent upon availability.**

## 2026 Summer Program Registration Packet

Client Name: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

### Checklist of items to submit to the University Speech-Language-Hearing Clinic:

- Client contact information form
- Scheduling preference
- ARD paperwork if coming from a school district
- Recent speech/language testing reports
  - Within three years if from a school district
  - Within one year if from a clinic/hospital
- Case History form \*access via a link on website\*
  - All admission is pending a recent evaluation. If you are a new client, our clinic will contact you to schedule an assessment.
- Observation release
- Emergency Contact Information form
- Contract for services
- All About Me page
- Non-refundable Materials Fee: \$50
- Registration fee: See above for tuition rates (Reduced fees may apply to those who qualify per sliding scale)

Please complete the forms and return them to:  
University Speech-Language-Hearing Clinic CCG  
Melcher Life Sciences  
3871 Holman Street, Ste M156  
Houston, TX 77204-6018  
Office: 713-743-0915  
Fax: 713-743-2926  
Email: [uslhc@uh.edu](mailto:uslhc@uh.edu)

## Client Contact Information/ Información de Contacto del Cliente

\_\_\_\_\_  
Date of Birth/ Fecha de Nacimiento

\_\_\_\_\_  
Client Name / Nombre del cliente

\_\_\_\_\_  
Street address / Dirección

\_\_\_\_\_  
Guardian name / Relationship /  
postal  
Nombre del tutor / Relación con el cliente

\_\_\_\_\_  
City, state, zip / Ciudad, estado, código

\_\_\_\_\_  
Guardian name / Relationship /  
Nombre del tutor / Relación con el cliente

\_\_\_\_\_  
Home phone / Teléfono de casa

\_\_\_\_\_  
Work phone / Teléfono de trabajo

\_\_\_\_\_  
Cell phone / Teléfono móvil

\_\_\_\_\_  
Email / Correo electrónico

# 2026 Summer Program Scheduling Form

## GROUP SELECTION:

Children are grouped according to their communications with a maximum of four to a group. Groups for the summer will target each client's most critical goal area, dependent upon parent input, clinician input, and the most recent evaluation.

1. Please list languages spoken by your child:

2. Please check all the communication goals for your child:

<input type="checkbox"/> Vocabulary	<input type="checkbox"/> Articulation (speech sounds)
<input type="checkbox"/> Reading	<input type="checkbox"/> Following Directions
<input type="checkbox"/> Planning and sequencing activities/ideas	<input type="checkbox"/> Voice Quality
<input type="checkbox"/> Communication with AAC Device	<input type="checkbox"/> Grammar
<input type="checkbox"/> Fluency	<input type="checkbox"/> Social Skills

3. Please list any concerns you have regarding your child's speech and language skills:

4. What communication skills would you like your child to work on at CCG?

**SCHEDULING:**

Times and days are dependent on group enrollment and availability; however, we will work to accommodate your schedule as much as possible. Please indicate the days and times below:

Check or circle preferred days:

Monday/Wednesday

Tuesday/Thursday

Check or circle appropriate group time slots based on age:

9:00 am - 11:00 pm (2-6 years old)

1:30 - 3:30 pm (7-14 years old)

Photo Policy: USLHC CCG may use any photo, slide, or quote for publicity/marketing purposes.

Please circle: YES NO

Please initial \_\_\_\_\_

## Observation Release

The University Speech-Language-Hearing Clinic: A United Way agency is a Department of Communication Sciences and Disorders training facility.

For training purposes, students in the department may observe treatment or assessments. The purpose of observations is to enhance the student's education. Our accrediting agency also requires students to complete clinical observations.

The USLHC will follow CDC guidelines to protect clients, faculty, and staff against COVID-19 and other illnesses. Universal precautions, including regular cleaning and sanitizing of therapy rooms and materials, are followed by all faculty, staff, and graduate clinicians.

The purpose of this form is to ensure that you understand that we cannot always provide the most confidential environment for assessment and treatment. We do the best we can given the physical limitations.

I have read, and I understand that a Communication Sciences and Disorders student may observe treatment/assessment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Emergency Information Form

The University Speech-Language-Hearing Clinic personnel ask that you provide the following information to be kept on file at the clinic. If your child experiences a medical emergency during their CCG camp, the USLHC will supply this information to the medical emergency team.

The university's procedures for responding to a medical emergency are as follows: A clinical educator, staff member, or faculty member will call the UH Police Dept. (UHPD), who will send medical emergency personnel to the clinic to assist. UHPD can be reached by dialing 911.

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

Name	Address
Phone Number <ul style="list-style-type: none"><li>• Work</li><li>• Cell</li><li>● Home</li></ul>	
Physician's Name	Phone Number
Emergency Contact	Relationship to Child
Contact Info <ul style="list-style-type: none"><li>• Work</li><li>• Cell</li><li>● Home</li></ul>	Allergies
Other Information	

## Contract for Service

TO WHOM IT MAY CONCERN:

I understand that the University Speech-Language-Hearing Clinic provides treatment by students supervised by university personnel. These students must accumulate a minimum number of hours of clinical experience for credit toward their degree in Speech-Language Pathology. Therefore, they depend upon the client's promptness and regular attendance. If more than two unexcused absences occur, the client's treatment sessions will be suspended, and the client will be placed on the waiting list for enrollment consideration the following semester.

Thank you for your cooperation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# All About Me

Please complete this form with your child.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

I go to school at \_\_\_\_\_.

My favorite subjects are \_\_\_\_\_.

My least favorite subjects  
are \_\_\_\_\_.

I learn best when \_\_\_\_\_.

I go to Speech to work on \_\_\_\_\_.

I like to snack on \_\_\_\_\_.

I am allergic to \_\_\_\_\_.

When I am happy, I \_\_\_\_\_.

When I am upset, I \_\_\_\_\_.

At home, I play \_\_\_\_\_.

I have (few/many) friends. We like to  
play \_\_\_\_\_.

My hobbies are \_\_\_\_\_.

The pets I have are \_\_\_\_\_.

My favorite toys/activities/games are \_\_\_\_\_

\_\_\_\_\_.

## CCG SUMMER 2026 – Child Behavior Questionnaire

Child's name: \_\_\_\_\_ Child's date of birth: \_\_\_\_\_

Name of parent completing form:

\_\_\_\_\_

Relationship to child: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (legal guardian) \_\_\_\_\_

### Strengths and Difficulties Questionnaire

For each item, please check the line for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last six months.

	NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE
1. Shares readily with other children, for example, toys, treats, pencils	___	___	___
2. Often loses temper	___	___	___
3. Rather solitary, prefers to play alone	___	___	___
4. Generally well-behaved, usually does what adults request	___	___	___
5. Constantly fighting or squirming	___	___	___
<hr/>			
6. Has at least one good friend	___	___	___
7. Often fights with other children or bullies them	___	___	___
8. Often unhappy, depressed, or tearful	___	___	___
9. Easily distracted, concentration wanders	___	___	___
10. Nervous or clingy in new situations, easily loses confidence	___	___	___
<hr/>			
11. Think things out before acting	___	___	___
12. Good attention span, sees work through to the end	___	___	___
13. Hits, bites, or pinches other children	___	___	___
14. Says bad things when angry/mad	___	___	___
15. Is shy with children he/she does not know	___	___	___
<hr/>			
16. Is nervous, high-strung, or tense	___	___	___
17. Reacts in an aggressive manner when contradicted or teased	___	___	___
18. Gets very upset when separated from parents	___	___	___
19. Does not seem to feel badly after misbehaving	___	___	___
<hr/>			
20. Overall, do you think that your child has difficulties in any of the following areas: emotion, concentration, behavior or being able to get along with other people?			
No	___	Yes – minor difficulties	___
		Yes – definite difficulties	___
		Yes – severe difficulties	___

## Fee Summary

Non-refundable Materials fee if registering after May 15, 2026.	\$50.00
Non-refundable materials fee and late registration fee if registering after May 15, 2026.	\$100.00
<b>Full Tuition (due first day of camp)</b> (applications available upon request)	\$1050.00

A non-refundable materials fee of \$50.00 is due at the time of registration.

How do I pay?

- **To pay online:** <https://uh.edu/comd-payments/>
  - Click on University Speech-Language-Hearing Click
  - Click on Speech/Communication

- **To mail payment:**

Please mail checks/money orders to:  
University Speech-Language-Hearing Clinic  
Melcher Life Sciences  
3871 Holman Street, Ste M156  
Houston, TX 77204-6018

\*\*\*Checks and money orders should be made payable to the University of Houston.\*\*\*

For questions, please call Michele Ozgen at **713-743-0915**.

# FREQUENTLY ASKED QUESTIONS

## What times are the groups available?

- **2 years to 6 years: 9:00 am - 11:00 am**  
Monday/Wednesday or Tuesday/Thursday
- **7 years to 14 years: 1:30 pm - 3:30 pm**  
Monday/Wednesday or Tuesday/Thursday

Your preferred group may only be available during specific time slots depending on availability, openings in the group, and clinician availability.

## What are the dates for the Summer Program?

The dates for the Summer Program are June 15 to July 30.

## Where is the Summer Program located?

The clinic is located in the Melcher Life Sciences building on 3871 Holman Street, Ste M156, Houston, TX 77204-6018. We are next to the Fertitta Center.

The mailing address is:  
University Speech-Language-Hearing Clinic  
Melcher Life Sciences  
3871 Holman Street, Ste M156  
Houston, TX, 77204-6018

## Who do I contact for enrollment information?

Contact the USLHC front office at **713-743-0915** or email [uslhc@uh.edu](mailto:uslhc@uh.edu).

## Who do I contact for payment information?

Contact the USLHC front office at **713-743-0915** or email [uslhc@uh.edu](mailto:uslhc@uh.edu).

## When do I pay?

- A \$50.00 non-refundable materials fee is required when registering.
- **Full payment is due on the first day of camp.**

The non-refundable materials fee is required to hold a spot in the group summer program.

*\*As always, the clinic uses an income-based sliding scale, so families may qualify to pay only a portion of the total tuition*

## How is admission determined?

The Clinic Director and Enrollment Coordinator will determine admission to the program. The groups are designed for children, ages 2 to 14 years old, who can be successful and learn in a **group environment with *minimal behavior support*. Placement in a group is only possible if a group is available that matches your child's skills and needs.** If an appropriate group placement is not available in the summer program, the enrollment coordinator may recommend individual therapy.

**Who leads the groups?**

A speech-language pathologist will be assigned to supervise your child's group, led by 1 to 2 graduate clinicians. The clinicians for the groups are graduate students in the Department of Communication Sciences and Disorders at the University of Houston. Licensed and certified speech-language pathologists supervise all clinicians.

**What are the groups working on or targeting?**

Each group will have an overall focus on one of the following areas: Language, Articulation, Voice, Fluency (Stuttering), Social Skills, AAC, and other communication needs. Children who are of similar ages with similar communication needs work together in groups. During the group sessions, clients will participate in literacy, art, science, and other activities to increase their communication skills. Some groups will consist of two group goals and one individualized goal for the client.

**How do I know if a group is suitable for my child?**

A child might benefit from a group if they have previously received speech and language therapy, and they can learn and interact with other children. If a child resists a group environment, needs one-to-one support to be successful, or is working on skills several years behind same-age peers, they will likely make more progress in a one-on-one individual therapy setting.

**What is the attendance policy?**

Attendance is required. Families are encouraged to consider their summer plans when selecting their preferred group days (M/W or Tu/Th) to ensure that the child gains the maximum benefit through consistent attendance.

- **Absent sessions will not be refunded.**
- **Make-up sessions are only offered if the University of Houston closes due to extenuating circumstances.**

**Do I get a progress report on how my child is doing?**

Yes, the graduate clinician assigned to your child will prepare a progress report for review during the final parent conference after the Summer Program.