Saint Xavier UNIVERSITY
Ludden Speech and Language Clinic

DIAGNOSTIC REQUEST FORM

In order to appropriately schedule therapy for the upcoming program, a diagnostic evaluation of speech and language must be completed at this facility. Please complete the information below so we can arrange a date and time for testing. Diagnostic evaluations for new clients are typically scheduled during the months of December, May, and August.

Date _____

From: ***The family of*** _____

I/We are requesting an evaluation for _____ in advance of the next therapy program.
(**client's name**)

Please provide **blocks of available time that would be workable for your family schedule. Be as specific as possible** (example, between 8:30 - 11:30 a.m. or between 2 - 6 p.m., etc.)

I request the following day(s) of the week_____

And the following time(s) _____

Every effort will be made to provide the day and time requested. All requests for evaluations will be made on a first-come, first-serve basis, and upon availability. Our clinical staff will make recommendations as to type and frequency of clinical sessions.

Diagnostic evaluations will not be scheduled unless all previous pertinent evaluation reports (e.g., medical, educational, or therapeutic) that have been completed within the last year are provided with the application.