

*Donna Ridley, M.Ed., CCC*  
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***BETHESDA Two-Week Intensive Speech Therapy, June 14-25, 2010 --***

This program, -- *individual* sessions at a scheduled time (similar to most other speech therapy-- is unique in that therapy is **daily**. Sessions are 30 minutes in length. It is an ideal method of treatment for clients with complex articulation/oral motor/motor speech planning disorders. These are the types of clients I specialize in treating. Children (usually) must be 5 years old or older.

Because sessions are daily, progress is faster, with no backtracking. Children like it because they know what to expect, they **see** and **feel** the progress, and therapy is short-term. This approach serves to "jump start" therapy, or to help a child break out of a plateau in progress. There have been a few children whose problems were completely corrected within the two weeks, but this is not the usual. Children already in therapy with another speech-language pathologist can benefit from two weeks of intensive work, and can then resume therapy with their regular speech-language pathologist.

**Cost:** \$603 for **nine** one-half-hour sessions, Monday through Friday, for two weeks, in Bethesda: June 14-17, [ **no** therapy on Friday June 18, due to a previous commitment]; and remainder of sessions on June 21-25. If I can offer an additional, 10<sup>th</sup>, session it will be at the same rate of \$67 per session.

Fee is all inclusive and includes treatment plan, all sessions, final comprehensive report.

**Early registration** is more likely to guarantee you your preferred time. If your child is not in school for most of those two weeks, please choose a time earlier in the day, so that children still in school can have late afternoon slots. Please call me at 843-521-0847 if you have other questions or would like to discuss the appropriateness of this program for your child.

**Deadline for Registration: May 1, 2010 (But please note: late afternoon slots go quickly!)**

Child's Name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parents' Names: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Office \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

**Two-Week Intensive Program, June 14-25** (between the hours of 11:00 am and 6:00 pm)

Please circle **several** preferred Time Slots: 10:45 ; 11:15; 11:45; 1:45; 2:30; 3:15; 3:45; 4:15; 5:00; 5:30. I will call to confirm exact times ..

*Please be as flexible as you can with regard to your requested times; the more choices you give me, the more likely I can meet your request. In the event of insufficient registration, this program may be cancelled and deposits refunded.*

\_\_\_\_\_ **Deposit enclosed:** \$400, which is non-refundable *after* time slot is agreed upon, unless space can be filled by someone else. Balance of payment is required by May 1, 2010.

Registration form and check, **payable to Donna Ridley**, should be **mailed** to:  
Donna Ridley, 1099 Otter Circle, Beaufort, SC 29902 (no fax available)

(You may alert me via email that you are sending your registration by regular mail, but reservation is by written regular mail only; please do not use overnight mail or anything which would require a signature, as that could delay delivery).

Additional important information:

My child **is / is not** currently in therapy; **brief description** of problem:

\_\_\_\_\_

If in therapy elsewhere: name of current speech-language pathologist: \_\_\_\_\_

Any additional comments that will help in

planning: \_\_\_\_\_