LISTEN AND SPEAK UP!

A summer program for children with hearing loss that focuses on listening and speaking

**Purpose:** The goal of our program is to foster the development of spoken language and listening skills in children who are deaf or hard of hearing. Children in the program will participate in a combination of group and individual therapy that includes fun, age appropriate activities designed to enhance communication skills through the use of an auditory-oral approach to communication. Opportunities for parents to learn techniques for working with their children will be scheduled on a weekly basis. Services will be provided by licensed Speech Language Pathologists and Audiologists and graduate student clinicians under their professional supervision.

**Who can attend:** Children with hearing losses who are 2½ - 5 years of age. While this program uses an auditory-oral approach to teaching spoken language, use of this approach at home is not required for participation in this program.

**When:** Tuesday and Thursday mornings from 9:00 a.m. - noon June 16 - July 23, 2015

**Where:** The Wendell Johnson Speech and Hearing Clinic
University of Iowa, Iowa City

**Cost:** $900. Your health insurance may cover some of or the entire program fee. We submit claims to Wellmark Blue Cross and Blue Shield, Medicare and Medicaid. Contact your provider for details. Financial assistance in the form of scholarships may be available for individuals who qualify. Please contact Julie Ostrem, Clinic Business Manager, at 319-335-8736 for further information.

**How to apply:** Please note enrollment is limited! Spaces will be filled on a first come, first served basis. To register, send in completed registration form to:

WJSHC
University of Iowa
Iowa City, IA 52242

**Registration deadline:** April 15, 2015

Applicants will be notified by May 15, 2015 regarding their children’s registration status.

For more information contact Danielle Kelsay or Anne Wallace at the Wendell Johnson Speech and Hearing Clinic
319-335-8736
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REGISTRATION FORM

Child's name:

Child's date of birth:

Parent's names:

Address:

Phone:

E-mail address:

Child's amplification device(s) used:

Child's mode of communication:

How to apply: Send in completed registration form to:
  WJSHC
  Department of Communication Sciences & Disorders
  University of Iowa
  Iowa City, IA 52242

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