



OAK HILL
ACADEMY

Individual Speech Language Therapy 2026-2027

Oak Hill Academy offers individual speech language therapy to address the needs of children with diagnosed speech and language disorders. Certified and licensed speech-language pathologists help clients improve articulation, receptive and expressive language, auditory processing, voice, fluency, and social communication skills. Therapy is available for Oak Hill students as well as children and adolescents from the community. Speech Language Assessments are also available if needed.

Schedule Information:

The frequency and length of sessions varies according to each individual's needs. Students typically attend two half-hour sessions each week. Sessions can be scheduled before school, after school, or during the school day.

Payment Information:

The rate for individual therapy is \$175.00 per hour (\$87.50 for each half-hour session). Therapy services are scheduled on a semester basis. A contract will be issued specifying the dates and times of sessions, the name of the therapist, the number of sessions scheduled for the semester, the rate per session, and the total cost for the semester.

All payment for therapy services will be processed through FACTS Tuition Management. The following options are available:

- Payment by *ACH bank transfer* or *credit card* for the *total* cost of the semester, due by September 25, 2026.
- Payment by *ACH bank transfer* or *credit card* in three equal installments. For the Fall 2026 semester, payments will be due on September 25th, October 25th, and November 25th. Families choosing this option will receive email reminders for the second and third installments, but not additional invoices.
- Note that all credit card payments include a service fee processed by FACTS.

Insurance Information:

Oak Hill Academy does not file insurance claims directly. Families are responsible for filing their own claims. If requested, we will provide a detailed statement that can be used to file for reimbursement from your insurance company. Insurance companies typically require that statements show the *actual* dates of services, so the statements will be prepared *after* sessions take place. These statements will be prepared twice a semester.

Privacy Policy:

Oak Hill Academy's privacy policy is posted on our website at www.oakhillacademy.org/speech-language-therapy. Copies may also be obtained by contacting the speech language clinic.

Registration information:

To enroll your child in individual therapy, fill out and return the attached request form. All families must submit a request form for the 2026-2027 school year, even if their children previously attended therapy. Students who are continuing in therapy from previous semesters will be given priority in scheduling until **Monday, August 10, 2026**. Beginning on Tuesday, August 11th, students will be scheduled in the order that their requests were received. If all available therapy times have been filled, parents will be notified that their student has been placed on a waiting list. Fall therapy sessions will begin the week of August 31st and continue through the beginning of December. Spring therapy sessions will begin the week of January 19, 2027.

For more information, please contact:

Karen Crance, MS, CCC-SLP

Director of the Therapy & Tutoring Clinic

kcrance@oakhillacademy.org

214-353-8804 ext. 111



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Request for Individual Speech Language Therapy 2026-2027

To enroll your child in Individual Speech Language Therapy, please return this form to the Oak Hill Academy office or to kcrance@oakhillacademy.org. Students who were previously enrolled in individual therapy will be given scheduling priority until **Monday, August 10, 2026**. After this date, students will be scheduled in the order that their requests were received. **Please contact Karen Crance, Director of the Therapy & Tutoring Clinic, with any questions.**

Student Information

Name:		
Age:	Birthday:	Grade:

Parent/Guardian Information

Name:
Email Address:
Billing Address: <i>Please include street address, city, and zip code</i>
Primary phone number: Phone Type: ___ Mom's cell ___ Dad's cell ___ Mom's work ___ Dad's work ___ Mom's home ___ Dad's home

Please provide the following information about the type of therapy schedule that you would prefer for your child. You will be contacted to confirm a schedule.

Number of sessions per week? Length of sessions? <i>Note: Most children attend two 30 minute sessions per week, but other options are available.</i>
Please indicate all of the times that your child is available. During the School Day: ___ Yes ___ No Before School: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday After School: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday
Please indicate your preferred type of payment plan: ___ Payment in full at the beginning of the semester or ___ Payment in three installments <i>Note: All payments will be processed through our FACTS Tuition Management System.</i>

For Office Use Only: Received on _____ (date) at _____ (time) by _____ (staff member)