UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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HOSPITALS AND CLINICS SAN FRANCISCO, CALIFORNIA 94143

April 22, 1981

Bonnie Van Manen Pinkel
Executive Secretary
Avery-Fuller Children's Center
251 Kearny Street, R-om 201
San Francisco, CA 94108

Dear Bonnie,

I am sending my suggestions for the Educational Remediation Grant request, particularly item 2B since I know you need it right away. I will try to talk to you directly by telephone; (I have tried but have been unsuccessful since I haven't been able to call until afternoon.)

This may be too detailed, however I think these questions will encourage agencies to do careful evaluations. By looking at strengths vs weaknesses you would have an idea of the severity of the problem as well as what strengths there are to work with.

I am also enclosing two monographs that give a bird's eye view of learning problems. I will talk with you directly about other books when I reach you by telephone.

I hope this is useful and I'm sorry our financial stresses have made my answer so late.

Sincerely,

Helen Gofman

Helen Gofman, M.D.
Associate Professor Pediatrics
Child Study Unit

Encls.

HG/nc

Educational Remediation

2.

A) Evidence that the child is average or above in cognitive ability. Please give specific description from tests and the names of the tests used (or if Dr. Adams prefers the Wechsler-Intelligence Scale for Children-Revised (WISC-R) ask for verbal and performance IQ scores and also the subtest scores.)

B) Educational Achievement
Appropriate grade level for child's chronological age_____

Actual Achievement	Approximate grade level
Word recognition	
Oral reading	
Oral reading rate	
Silent reading	
Silent reading rate	
Listening comprehension	
Oral expression	
Spelling	
Math	
Handwriting/Penmanship	
Written composition	
Study skills	

C) In terms of child's learning difficulty, please check child's relative areas of weakness and strength in these functions.

	weakness	strength
articulation or speech		
receptive language		
expressive language		
visual motor		
fine motor coordination		
gross motor coordination		
visual memory		
auditory memory		
attention span/distractibility		
integration of above functions		

D) Prognosis

1) Any evidence that the child can learn with a different approach from that now used in school?

2) Areas in learning where child will need help.

3) How much work is needed to correct the problem? Suggest number hours/week and approximate length of time help will be needed.

4) When should child's achievement be re-evaluated?

E) Describe other important factors: (Do you consider these relative strengths or weaknesses?)

1) Child's fear of failure.

2) Child's fear of risk taking.

3) Child's response to praise and support.

4) Child's persistence/attention span.

5) How does child cope or behave when he is anxious or failing? How much does this behavior interfere with functioning in the classroom?

6) Family understanding of the problem.

7) Family cooperation and emotional support for child.

8) How will agency work with child's school?

9) Does child or family need counselling help?

10) Other environmental stresses.

11) Other factors you think are important.

Educational Remediation

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Silent reading rate	_____
Listening comprehension	_____
Oral expression	_____
Spelling	_____
Math	_____
Handwriting/Penmanship	_____
Written composition	_____
Study skills	_____

C) In terms of child's learning difficulty, please check child's relative areas of weakness and strength in these functions.

	weakness	strength
articulation or speech	_____	_____
receptive language	_____	_____
expressive language	_____	_____
visual motor	_____	_____
fine motor coordination	_____	_____
gross motor coordination	_____	_____
visual memory	_____	_____
auditory memory	_____	_____
attention span/distractibility	_____	_____
integration of above functions	_____	_____

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10) Other environmental stresses.

11) Other factors you think are important.

Called her to explain there will be a delay and try to return in April

AVERY-FULLER Children's Center

251 KEARNY STREET, Room 301 • Telephone: YUkon 6-1687 • SAN FRANCISCO, CALIFORNIA, 94108

March 20, 1981

Helen Goffman, M.D.
Child Study Unit
University of California
Medical Center

Dear Dr. Goffman,

Several months ago I called you at the suggestion of Dr. John Adams to ask for your help on a survey of bay area Psychological services and their fees. Since that call the Avery Fuller Children's Center Board of Directors has decided to raise the limit for a grant in counseleing and psychotherapy to $1000, or more in some cases. We are now altering our application to make it a better tool in the funding decision.

I have enclosed copies of the drafts of the new applications with the hope that you will review them, and give us your comments and insights.

The Avery Fuller Children's Center has put priority on short term cases where the probability of successful therapy or remediation is high and the ourlook for the child after treatment is a normal healthy lifestyle. Given this priority we hope that the application well help us assess the probability for successful therapy.

We would particularily appreciate your thoughts on which test or test scores you think are good indications of educational achievement. This is in reference to question 2B on the sheet of Instructions and Proceedures for Educational Remediation Grant. Additionally, while we realize many professionals hesitate to impart information on I.Q. (Question IA) we wonder if there is an alternate and acceptable way of obtaining a general idea for the childs range of intelligence.

I want to take this opportunity to thank you for your help.

Sincerely,

Bonnie

Bonnie Van Manen Pinkel
Executive Secretary

935-6591 home

AVERY FULLER CHILDREN'S CENTER

INSTRUCTIONS REGARDING COUNSELING
(Procedures)

APPLICATION (Maximum Grant $1,000): Counseling

1. The application must be completed IN FULL by the professional requesting the grant and the child's family.

2. In addition to the application the following questions need to be answered in letter form:

   A. What is the child's I.Q. and educational level achieved?

   B. What is the nature of the emotional difficulty?

   C. Prognosis in specific terms:

      1. How serious is the problem?
      2. How much work is needed to correct the problem?

   D. Other factors involved in the recovery such as:

      1. Medical history
      2. Pertinent physical findings
      3. Neurological abnormalities
      4. Pertinent scores on whatever tests have been given

   E. Potential for normal self-sufficient future?

3. Referring letter or note from another professional involved in the case. This can be a doctor, educational professional or social work professional.

4. Two evaluations on progress. One in the middle of the work, approximately at the end of the first $500.00 and the other at the end of the work. These evaluations should include information about what has been accomplished and what is yet to be accomplished.

5. Goal in terms of developments in normal life style.

6. Time Needed and Recommendations - State approximate time needed to accomplish goals (from 1 to 3 years) and any additional stipulations.

7. Other Funds Available (public or private) - List other financial sources considered and/or other contributing agencies. Can the family contribute? Was the family refused a grant from another foundation?

8. Financial Plan - This should include whatever the family can contribute.

AVERY FULLER CHILDREN'S CENTER

INSTRUCTIONS REGARDING EDUCATIONAL REMEDIATION
(Procedures)

APPLICATION (Maximum Grant $1,000): Educational Remediation

1. The application must be completed IN FULL by the professional requesting the grant and the child's family.

2. In addition to the application the following questions need to be answered in letter form:

   A. What is the child's I.Q. and educational level achieved?

   B. Pertinent test results on evaluations, such as Wexler or Developmental Quotient.

   C. What is the nature of the learning difficulty?

   D. Prognosis in specific terms:

      1. How serious is the problem?
      2. How much work is needed to correct the problem?

   E. Other factors involved in the recovery such as:

      1. Emotional condition.
      2. Medical history
      3. Pertinent physical findings
      4. Neurological abnormalities
      5. Pertinent scores on whatever tests have been given

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AVERY FULLER CHILDREN'S CENTER

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(Procedures)

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Figure 4

CHILD STUDY UNIT - TEACHING PROGRAMS

rograms mainly
oncerned with
nowledge and
observation

1 (a)
evelopmental
Seminar

1(b)
ommunity
Programs

1(c)
Pediatric
Psychology
evelopmental
nd Behavioral
Assessments
eaching
Consultations
hort Term
Interactions

1(d)
mpus Child-
Care/Study
Center

1 (e)
ingle Parent
Group

1 (f)
ild Activity
Program

Programs mainly concerned with Interviewing skills

2(a)
Family Interviewing

2(b)
Child Evaluation and Interviewing

2(c)
Ward Consultation

Programs mainly concerned with self-understanding

3(a)
Staff Development Seminar

3(b)
Housestaff Support Groups

Programs mainly concerned with clinical skills

4(a)
Learning and Language Disorder Program*

4 (b)
School Age Clinic

4 (c)
U.C. Reading and Language Development Clinic

4(d)
Pre-school Speech and Language Program

4 (e)
Early Childhood Clinic

4 (f)
Consultant of the day

4 (g)
Continuity Clinic Consultation

Programs mainly concerned with program evaluation

5(a)
Individual projects in program evaluation

*Core Training Program

Consulting

A.

A. [illegible]

B. [illegible]

D Other factors: child

language: family

family who living c child.

Coop c Rx

Application Blank

AVERY FULLER CHILDREN'S CENTER

251 Kearny Street, San Francisco, California, 94108 - 986-1687

A.F.C.C. Case No._____

SECTION TO BE COMPLETED BY AGENCY, SCHOOL, OR CASEWORKER

Date_____

Name:_____ Birth Date_____

Type or print clearly

Address:_____ City_____ Zip_____

Handicap_____

FINANCIAL PLAN

1st choice:

Amount of fee x # of sessions_____

Other financial sources _____

Amount needed _____

Referred by_____ Address _____

Grant to be paid to_____ Address_____

AFCC Allowance $_____ Form completed by_____

Signature of professional most directly involved

SECTION TO BE COMPLETED BY THE FAMILY

Father_____ Mother_____

Home Address_____ Monthly Income_____ Debts_____

Where Employed_____

No. of children_____

Signed_____

(Signature of Parent or Guardian)

Application Blank

AVERY FULLER CHILDREN'S CENTER

251 Kearny Street, San Francisco, California 94108 - 986-1687

A.F.C.C. Case No._____

SECTION TO BE COMPLETED BY AGENCY, SCHOOL, OR CASEWORKER

Date_____

Name:_____ Birth Date_____
Type or print clearly

Address:_____ City_____ Zip_____

Handicap_____

Diagnosis and Description_____

_____

_____

_____

_____

_____

Goal and
Prognosis_____

Time Needed and
Recommendation_____

_____

Foster Home_____

Other Interested Organization_____

Are any other funds (public or private) available for requested service_____

_____

Referred by_____ Address_____

Grant to be Paid to_____ Address_____

AFCC Allowance $_____ Form completed by_____
Signature of professional most directly involved

FINANCIAL PLAN

Amount of fee x number of sessions _____

Other financial sources _____

Amount needed _____

Application Blank - 2

AVERY FULLER CHILDREN'S CENTER

SECTION TO BE COMPLETED BY THE FAMILY

Father _____ Mother _____

Home Address _____ Monthly Income _____ Debts _____

Where Employed _____

No. of Children _____

Signed _____
(Signature of Parent or Guardian)

AVERY FULLER CHILDREN'S CENTER

INSTRUCTIONS - RENEWAL APPLICATION FOR $1,000 FOR EDUCATIONAL REMEDIATION
(Procedures)

1. Identifying information.

2. Should bring the last evaluation up to date and state any changes in circumstances that affect the work.

3. Signatures by parent or guardian and therapist.

4. Two more evaluations at the same time intervals as with the original grant.

AVERY FULLER CHILDREN'S CENTER

INSTRUCTIONS - RENEWAL APPLICATION FOR $1,000 FOR COUNSELING
(Procedures)

1. Identifying information.

2. Should bring the last evaluation up to date and state any changes in circumstances that affect the work.

3. Signatures by parent or guardian and therapist.

4. Two more evaluations at the same time intervals as with the original grant.

Avery Fuller

INSTRUCTIONS
(PROCEDURES)

APPLICATION: Appliances, Prescriptions or Medical Bills

1. The application must be completed in FULL by the professional requesting the grant and the child's family.

2. Verification of the price of items and information regarding place of purchase must be included under GRANT TO BE PAID TO and ALTERNATE PLACE OF PURCHASE.

3. The recommending physician must write a brief letter indicating what is prescribed and other information considered pertinent.

APPLICATION: Remediation, Therapy, Schooling

1. The application must be completed IN FULL by the professional requesting the grant and the child's family.

2. Diagnosis - A specific definition of the problem written by the qualified professional requesting the grant. A letter stating details is always helpful.

3. Goal and Prognosis - List specific goals.

   Examples:
   A. Ability to verbalize with peers
   B. Adjustment to trauma
   C. Preparation for entrance into E.H. class in the fall
   D. Remediation of dyslexia
   E. Achieve self-sufficiency in personal care

4. Time Needed and Recommendations - State approximate time needed to accomplish goals (from 1 to 3 years) and any additional stipulations.

5. Other Funds Available (public or private) - List other financial sources considered and/or other contributing agencies. Can the family contribute? Was the family refused a grant from another foundation?

6. Financial Plan (to be completed on back of application blank) - This should include whatever the family can contribute.

AVERY FULLER CHILDREN'S CENTER

251 Kearny Street, San Francisco, California, 94108 - 986-1687

The primary objective of the Avery Fuller Children's Center is to provide individual grants to handicapped children so that they can become more self-sufficient. Depending on the unique needs of the child and family, the grant may be used to pay for appliances, medical bills and prescribed medication or physical and occupational therapy, psychotherapy, special schooling or remedial education. An application must be submitted to the center by the professional making the grant request. This procedure is initiated by a letter or phone call to AFCC's executive secretary.

If awarded, the grant is provided for the fiscal year, June 30 to July 1, and may be renewed for a maximum of 2 years when the need is appropriate. Priority is given to cases with concrete short-term goals. Application filing dates are bi-monthly: August 15

October 15
February 15
December 15

April 15

May 21

Applications received after the above dates will be held for the following filing date. Applications not accepted will be returned to the professional making the request.