

Alta Vista Center *for* Autism

The Art and Science of Effective Intervention

2695 S. Jersey St. Denver, CO 80222 | 303.759.1192 | fax 303.759.1194 | info@altavista-autism.org | www.altavista-autism.org

THErapy SERVICES REQUEST FORM For Speech, OT, or Behavior Therapy

Child: _____ **Date Submitted:** _____

- 1) Parent Name(s) _____
- 2) Address: _____
- 3) Contact Information: Please circle preferred contact person & method
 - Mother: Phone _____ Email _____
 - Father: Phone _____ Email _____
- 4) Does your child have any siblings living in the home? _____
- 5) Is your child currently enrolled in Alta Vista Center? _____
If so, which program _____ Program Coordinator _____
- 6) Is your child currently receiving services from any other organization (e.g., school-based, speech, OT, music therapy, physical therapy, etc)? If yes, please list services and organization: _____

- 7) Please list any area(s) of need that you would like to address through therapy services:

| | | |
|----|----|----|
| 1) | 2) | 3) |
| 4) | 5) | 6) |

- 8) If your child has needs in the area of behavior reduction or adaptive behavior, please describe the behavior you would like to change:

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Please select the type(s) of therapy services you would like to receive (please note that while we will attempt to provide the type of service you request, not all services may be available at time of request):

- Individual therapy at the Center.
- Other Requests (e.g. group therapy, assessment, in home service) _____

9) Please list preferred day(s) and times of week for therapy services:

10) Total hours per week requested : _____

11) Please list any other request, concerns, or relevant information:

Funding Information: To aid us in coordinating your service needs please provide the following information:

- Paying Party _____
- If receiving funds from an organization list:
Organization Name: _____
Amount of funds available: _____

Additional funding information such as funding restrictions, eligibility for funding, when funds expire/end, etc.

Thank you for your request; your request will be added to our current wait list. We will be contacting you to discuss the availability of services.

For office use only: Date Received _____ Approved by _____

Start Date _____ Approved Schedule of Days & Times _____