



Child's Name

Child's Date of Birth and Age:

Parent(s) Name:

Speech/Language Concerns:

Occupational Therapy Concerns:

Phone Number:

Address:

Precautions (medical, food allergies, etc.):

FOR EXISTING CLIENTS: *(circle one) I wish to substitute group session for private session OR I wish to add group session to existing private session.*

- ✓ *Return to: SST, PO Box 1773, Powell, OH 43065-1773 or during your regular therapy time.*
- ✓ *Cost is \$55.00 per group session. For any Delaware DD families, please check with your administrator for approval.*
- ✓ *Call 614-734-7777 to enroll or detach below and fax or mail to our office*
- ✓ *Fax: 419.884.1891*
- ✓ *Clinic Address is: 8425 Pulsar Place, Suite 160, Columbus, Ohio 43240*

Pre- School Group Times (ages 2-5 years)

Tuesdays 1:00-2:00 pm

Wednesdays 11:30-12:30 pm

Middle School Group Times (ages 10-14)

Wednesdays 4:00-5:00 pm

Space is limited. Enroll Today!