



Schedule Change Request

Child's Name:

How many hours/week of therapy would you like your child to receive?

Which therapists would you like to work with your child?

What is your ideal therapy schedule for your child (times and locations)?

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

When would you like these changes to go into effect?

Are there other times when you would be open to receiving therapy services (even if they are not ideal times)? We will work to get everyone their first choice in hours, but if we can't, the more options we have the more likely you are to get your desired number of hours.