



# Talk Time Therapy, Inc.

## Speech & Language Services

*www.talktimetherapy.com*

*Alice Pamplin 704.668.1728 alice@talktimetherapy.com*

*Carrie Thompson 704.560.4824 carrie@talktimetherapy.com*

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### SCHEDULING WORKSHEET

Please fill out all requested information below and return in your therapist. Thank you!

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL/PRESCHOOL \_\_\_\_\_

ADDRESS OF SCHOOL: \_\_\_\_\_

SCHOOL PHONE NUMBER: \_\_\_\_\_

GRADE/CLASS: \_\_\_\_\_ TEACHER: \_\_\_\_\_

DATE SCHOOL YEAR BEGINS: \_\_\_\_\_ DATE SCHOOL YEAR ENDS: \_\_\_\_\_

SCHOOL HOLIDAY SCHEDULE: \_\_\_ CMS \_\_\_ UCPS \_\_\_ OTHER (PLEASE ATTACH)

DAYS YOUR CHILD ATTENDS: \_\_\_M \_\_\_T \_\_\_W \_\_\_TH \_\_\_F

TIME SCHOOL DAY BEGINS: \_\_\_\_\_ TIME SCHOOL DAY ENDS: \_\_\_\_\_

LUNCH TIME: \_\_\_\_\_ OTHER THERAPIES RECEIVING: \_\_\_\_\_

HOW MANY DAYS PER WEEK OF SPEECH/LANGUAGE THERAPY REQUESTED: \_\_\_\_\_

LENGTH OF SESSION REQUESTED: \_\_\_30 MIN. \_\_\_45 MIN. \_\_\_60 MIN.

OTHER COMMENTS: