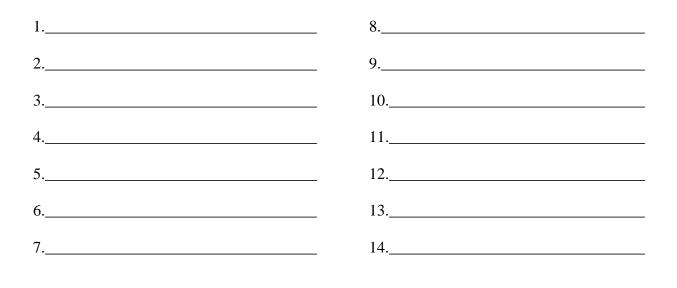


Please include your Pediatrician or Primary Care Physician, any other professionals that may require information, for example, a Specialist, Early Steps, your child's school and family/friends that bring your child to therapy so that we may speak to them about the session.



Signature of parent/guardian Date

My Signature on a facsimile copy, scanned copy, pdf file, or other reproduction of this document shall be as valid and binding as a signed original.