

Creative Speech Solutions, LLC

151 Summit Avenue, Summit, NJ 07901
(908) 598-0228

Cynthia Marrapodi, MS., CCC-SLP
Director

Child's Name: _____ Date: _____

Current School(s): _____ phone number: _____

Classroom Teacher(s): _____

How many days per week does your child attend school?

How long is the day? _____

Does your child receive any other **speech services** other than Creative Speech Solutions? _____

If yes, please fill out the following:

- How many sessions per week (not including Creative Speech Solutions)? _____
- How long are the sessions? _____
- Are they group or individual? _____
- What is the speech pathologist's name(s)? _____
- Please provide his/her contact information (e.g. phone number, e-mail address, etc.)

Does your child receive any **other services** (i.e. OT, PT, reading, etc.) during or outside of school?

If yes, please fill out the following:

- What type of therapies? _____
- How many times per week? _____
- Are they group or individual? _____
- What is the therapist's name(s)? _____
- Please provide his/her contact information (e.g. phone number, e-mail address, etc.)

Can I contact outside therapists? Yes: _____ or No: _____

Signature: x _____