



# Piece by Piece Registration Form

Name:

Address:

Phone:

Email:

What is your child's diagnosis?

When did you get the diagnosis?

From whom?

Does your child go to school: yes      No

Do they know your child is participating in this group? Yes      No

Other Specialists your child sees:

Are you interested in using your private insurance to access: \_\_\_\_\_PT \_\_\_\_\_OT \_\_\_\_\_SLP

Primary Concerns:

Specific activities your child enjoys :

Things your child does independently: