

# Parent Page

## Refer Your Child

Do you have questions about your child's development in the areas of speech, language, fine or gross motor skills? You can refer your child for an evaluation by filling out the attached forms and submitting by email to [ats@atsaz.net](mailto:ats@atsaz.net) or mail to P.O. Box 6397 Chandler, AZ 85224.

Today's Date: \_\_\_\_\_

Child's name: First \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ male or female \_\_\_\_\_

Parents name: \_\_\_\_\_

Contact Phone \_\_\_\_\_ cell \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cross Streets: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Holder: \_\_\_\_\_ ID# \_\_\_\_\_

What are your main concerns about your child? \_\_\_\_\_

\_\_\_\_\_

Does your child have a diagnosis? \_\_\_\_\_

Does your child have DDD services? \_\_\_\_\_

What time of day are you available for therapy? \_\_\_\_\_

Services you are interested in: (If your child has not had an evaluation, they will need one prior to receiving on-going therapy)

- Speech Therapy Evaluation
- Speech Therapy On-Going Therapy
- Physical Therapy Evaluation
- Physical Therapy On-Going Therapy
- Occupational Therapy Evaluation
- Occupational Therapy On-Going Therapy