



# Tri-County S. P. O. T.

SPEECH, PHYSICAL AND OCCUPATIONAL THERAPIES, LLC

## summer program

The Tri-County S.P.O.T. summer program is a speech/language and social program designed for children with those challenges. The goal of the program is to enhance overall development and social-language skills to help children become more efficient in a fun and safe environment. The program is led by a licensed speech pathologist, speech-language pathologist assistances and educators.

Child's Full Name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Child's Nickname: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Check One: ☐ Male ☐ Female

Phone Number (include area code): ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

Best form of contact: ☐ Phone ☐ Text ☐ Email

### Medical History

Vision Problems: ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hearing Problems: ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other medical complications your child may have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICAL PRECAUTIONS: Are there any precautions the therapist should be aware of when working with your child? ☐ Yes ☐ No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Developmental/Educational History

Has your child ever received Speech, Physical or Occupational Therapy? If so, when and where

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What are your child's current goals in therapy, if any: \_\_\_\_\_

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What, if any, is your child's current medical diagnosis? (Autism, ADHD, etc.) \_\_\_\_\_

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How does your child play with other children? (cooperative, leader, alone, aggressive, etc.) \_\_\_\_\_

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List any concerns you may have about your child's social skills or behaviors:

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What method of communication does your child use: ☐ Verbal ☐ Non-Verbal ☐ Communication Device

What are your primary communication concerns? \_\_\_\_\_

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Does your child do the following? (Please mark yes or no):

- ☐ Yes ☐ No Throw and catch a ball
- ☐ Yes ☐ No Use a pencil, crayon, or scissors?
- ☐ Yes ☐ No Button, snap, zip, tie his/her shoes?
- ☐ Yes ☐ No Have sensitivity to textures/sounds/lights?
- ☐ Yes ☐ No Clumsy or bump into things often?
- ☐ Yes ☐ No Need a routine/get upset if altered?
- ☐ Yes ☐ No Have difficulty with transitions?

# Technology Information and Release Form

The future of the Tri-County S.P.O.T. summer program will be determined in part by the successful promotion of the program. We request your assistance in promoting the program by granting permission to use any photographs, videotape or audiotape of your child for our publications, videos or web pages. Please review and sign below to indicate your consent of our use of the photographs, videotapes or audiotapes.

I hereby authorize and consent Tri-County S.P.O.T. program to the use and reproduce any and all photographs, video tape recordings, or audio tape recordings in which my child appears. I understand I will not receive payment for the photographs, video tape recordings, or audio tape recordings, and that the photographs, video tape records or audio tape records will not discredit or distort my child in any way. All negatives and positives, and tapes, together with the prints shall be solely the property of the Tri-County Speech, Physical, and Occupational Therapies, LLC.

Child's Full Name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_

I certify I am the parent or guardian of the child named above and give my consent to the use of my child's name and likeness for promotional activities as described above.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print, complete, scan and e-mail to  
tricountyspot@gmail.com.  
Then submit payment.