



Hamaguchi & Associates Speech-Language Therapy
Afternoon (2pm and later appointment) Wait List

Phone: (408) 366-1098 ext 3#

Fax: (408) 366-1011

Email: frontoffice@hamaguchi@gmail.com

Mail: 20111 Stevens Creek Blvd., Suite 145, Cupertino, CA 95014

Child's Name: _____

Child's Date of Birth: _____

Child's Age: _____

Does your child have a current diagnosis and assessment or IEP?

Yes

No

If yes, what is it? _____

Primary Areas of Concern:

What services are you looking to schedule?

Assessment

Individual Therapy

Group Therapy

Parent's Name to Contact: _____

Parent's email address: _____

Parent's phone #: _____

Child's Availability:

(please check and indicate the earliest time your child can attend sessions after 2pm)

Mondays any time after _____

Tuesdays any time after _____

Wednesdays any time after _____

Thursdays any time after _____

Fridays any time after _____

Number of Sessions Per Week: _____ (30 minute sessions must have at least 2 sessions scheduled per week)

Please note the following:

- We are not able to offer services at this time for the following kinds of cases: stuttering, voice disorders, augmentative communication systems, feeding disorders.
- We are not able to take on children who are physically aggressive towards our staff, who resist therapy, or are disruptive to other sessions (e.g. frequently scream/cry).