



**Therapy Works LLC**

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## **Berard AIT Welcome Letter**

Hello,

Welcome to the Berard Auditory Integration Training services at TherapyWorks LLC. We thank you for your interest in AIT and look forward to meeting you. In order to provide the best services for our clients we please ask that you fill out this packet of information to your best ability and send it back to us by mail or fax as soon as possible prior to our first meeting. Inside you should find the following:

- \_\_\_ Berard AIT Process Checklist
- \_\_\_ Notice of Privacy Practices Form
- \_\_\_ Release of Information Form
- \_\_\_ Developmental History Packet
- \_\_\_ Sensory Profile
- \_\_\_ Auditory Integration Training Informed Consent Form
- \_\_\_ Payment Agreement Form
- \_\_\_ Thames Hearing Services Inc. Intake Form to complete for the Audiologists, along with information for you to schedule your 3 AIT audiogram appointments. (1<sup>st</sup> audio test done no more than a week before your 1<sup>st</sup> scheduled listening session. The 2<sup>nd</sup> audio test to be done around 5<sup>th</sup> day of listening. Then the 3<sup>rd</sup> audio test to be done at the end of the 10 listening days.)
- \_\_\_ Directions to TherapyWorks (your copy to keep)

Above can be used as a checklist to help keep track of what is needed for the AIT services.

We look forward to seeing you!

Megan Grills OTR/L, Berard AIT Practitioner