

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 circle)

Mondays Tuesdays Wednesdays Thursdays Fridays

Length of Session Requested: 30 minutes 45 minutes 60 minutes

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

Times to START session:

____(2pm - 3pm) ____ (3pm - 4pm) ____ (4pm - 5pm)
