Southwest Georgia Music Therapy

in collaboration with

Beckhom Behavioral Consulting LLC

Event Location: 1509 West 3rd Avenue, Albany, GA 31707

Contact Information: (229) 439-9951 Fax: (229) 439-9553 or info@beckhombehaviorconsulting.com

Client Information Age: Participant Name: Parent/Guardian: Physical Address: City: _____ State: ____ Zip: ____ Phone Number: _____ Emergency Contact: ____ Group Session Dates: \square April 29, 2019 6:00pm - 6:45pm \$15 ☐ May 6, 2019 6:00pm − 6:45pm \$15 □ May 13, 2019 6:00pm – 6:45pm \$15 \square May 20, 2019 6:00pm – 6:45pm \$15 ☐ All available dates \$55 (4 Sessions) Questionnaire: Can your child tolerate the noises of various musical instruments? ___ Yes ___ No At what level does your child communicate (check) pictures ___words___ phrases ___ sentences ___ conversation _____ Can your child handle a group setting (8-10 kids) with 1 therapist and structured lessons?

Can your child engage in activities for

15 minutes? Yes / No 30 minutes? Yes / No 45+minutes? Yes / No

•	display any chal A, running away?	lenging behaviors	(e.g.) verbal or	physical	aggression t	owards others,
<u>Payment</u>						
☐ Please find end	closed a check/mor	ney order (made pay	able to Beckhom	Behavio	ral Consulting)	in the amount of
\$						
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(Music Therapy	' Group) P.O. Box	c 51293 Albany, G	eorgia 31703			