



www.SunnyPediatricServices.com
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Therapy Scheduling Preferences

Child's Name: _____ Date: _____

Parent's Name: _____ Phone Number: _____

Our therapists at Sunny Pediatric Services travel to your child's home, school, daycare, etc. and create their schedules based on your child's location. We ask that you provide us with your preferred therapy times/days for therapy sessions and when your child cannot be seen for therapy (such as nap time, meal time, time you will not be home due to work or picking up siblings from school, other scheduled therapy sessions or appointments, etc.). If your schedule changes and you need to change your preferred therapy times (such as new weekly appointments added, change in work schedule, etc.), please let your child's therapist know and fill out a new preferences form for her.

Preferred days of the week:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Days of the week that will **not** work (due to conflicting appointments, work, etc.):

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Preferred times for therapy (example, 9:00-12:00, 2:00-5:00):

Times that will **not** work (due to nap time, pick up from school, work, etc.):

Anything else that you would like to tell us about scheduling your child's sessions:

We will always try to accommodate your preferences for therapy times based on your child's schedule and we will try to remain consistent with scheduling; However, we do have limited flexibility in scheduling due to having full caseloads and having to travel to clients. Please see our cancellation policy for more specific information about how to cancel appointments.

Thank you for taking the time to complete this!