

## Speech-Language Therapy Registration 2022-2023 School Year (PIV Students)

Child's Last Name:	First Name:	Date of Birth:
PIV Class:		

**Speech-Language Information:**

Languages spoken in the home:
Primary language spoken by this child:
Speech or language development concerns:
Previous support services received, if applicable:

**Please indicate your session choice:**

	Individual (30 minutes)	\$40.00/per session
	Group with 2 or 3 children (45 minutes)	\$30.00/per session
	Evaluation (1 hour + a report + meeting)	\$100.00

***Thank you for registering for Speech-Language services at PIV.*** We will contact you to schedule an intake meeting to discuss your concerns and determine a therapy plan. Please bring a current IEP, 504, or speech evaluation report with you, if you have one. If your child has not previously received professional speech or language support, we will conduct an assessment prior to beginning therapy sessions.

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**Parent/Guardian responsible for this child and for payment due at time of service. Payment may be combined with monthly preschool program tuition:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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