

Home of F.E.A.T.S.
 Family-friendly
 Evaluation
 And
 Teaching
 System



Therapist Information Form

Name: _____ Discipline: _____
 Address: _____ SS#: _____
 _____ DOB: _____
 Home Phone: _____ NPI #: _____
 Cell Phone: _____ E-mail: _____
 Corporation Name: _____ *Corporation Tax ID _____
 NYEIS # _____ ASHA # _____
 EI State ID # _____ (required for DOH approval EI providers only)
HOW WERE YOU REFERRED TO Up Wee Grow Inc. _____

Population Preference: Please indicate the population you are certified/licensed for and interested in working with

Early Intervention-Ages birth through 3 years of age	Evaluations	Services
CPSE- Preschool ages 3 through 5 years	Evaluations	Services

Area Preference: In efforts to assist in preferred placement, please list the towns/zip codes that you are available to work in

Language Are you bi-lingual? No Yes If so, please indicate what language(s) _____

Trainings: Nassau Best Practice Suffolk Ethics (for Nassau and Suffolk providers only)

Disciplines

Special Educator/TSHH/TSSLD: Applied Behavioral Analysis BCBA BCaBA Tier 1 Tier 2

Module 1 Module 2

Occupational Therapist/Physical Therapist: Sensory Integration Feeding

Speech-Language Pathologist/TSHH/TSSLD: Feeding Prompt

Psychologist/LMSW/LCSW: Applied Behavioral Analysis Tier 1 Tier 2 Module 1 Module 2