

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



Therapist Information Form

Name: _____ Discipline: _____
Address: _____ SS#: _____
_____ DOB: _____
Home Phone: _____ National Provider Identifier (NPI) # for *licensed*
Cell Phone: _____ professionals only: _____
Work Phone: _____ Best daytime number to be reached at
Fax #: _____
E-mail: _____ *Corporation Name: _____
*Corporation Tax ID: _____
*If Applicable

Population Preference

Please indicate the population you are certified 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 that you are available to work in:

Schedule Preference

Please indicate your current availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

Languages

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

Do you know American Sign Language? No Yes

If yes, please indicate if you are a certified interpreter: _____

Disciplines

Special Educator

- Applied Behavioral Analysis
- Developmentally Delayed
- PECS
- Reading Specialist (Orton-Gillingham/Wilson)
- Verbal Behavior
- Parent Training
- FBA/BIP
- Greenspan Method
- Shadowing
- Augmentative Communication

1:1 Aide

- Applied Behavioral Analysis
- Teaching Assistant
- Shadowing

Occupational Therapist

- Sensory Integration
- Fine Motor
- Therapeutic Listening
- NDT
- Handwriting Without Tears

Physical Therapist

- Gross Motor
- NDT Certified

Speech-Language Pathologist/TSHH/TSSLD

- Feeding
- Prompt
- PECS
- Oral Motor
- Fluency
- Hearing Impaired
- Voice
- Auditory Training
- Cochlear Implants
- Auditory Verbal Therapy
- Augmentative Communication
- Central Auditory Processing

Psychologist/Social Worker

- Applied Behavioral Analysis
- Parent Training/Counseling
- Parent Support Groups
- Play Therapy Groups