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Therapy Waitlist Form

All families: Please fill out this form and submit along with your registration packet. In the event that therapy is recommended, the date your Waitlist form is submitted will be the date your request is entered into the queue. This helps you receive an optimal time as soon as it becomes available.

Child's Name: _____ Date Request Submitted: _____

Birthdate: _____ Requested Start Date: _____

Please list all times that could work for your child as regular, weekly ongoing therapy times, in order of preference. Please be as specific as possible regarding days of week and range of starting/ending times. Our therapy sessions begin on the hour, 20 minutes after the hour, or 40 minutes after the hour.

While awaiting the requested therapy times, would you like to have your child temporarily scheduled for OT at another time? What time(s) would work temporarily?

Date of occupational therapy evaluation: _____

Clinic where OT evaluation was/will be completed: _____

Any additional information: _____

Parents' names, phone numbers, email: _____

Home address:

If we find a time that works temporarily for your child, you are welcome to stay on the waitlist for a time you prefer. Once you are satisfied with your therapy time, however, we will take your child off the waitlist. If you anticipate needing a schedule change, such as when your child's school schedule changes, please fill out a new form to request the change you need. We will assume you are keeping your therapy time unless you tell us otherwise. Please submit schedule change requests well in advance, as we honor these requests in the order received.