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Schedule Changes Request Form

Child's name

Date request received

Current therapist _____

Current therapy time(s) _____

Start date for requested change _____

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

Do you want to make this change even if it requires changing to a different therapist? Or do you want to wait until your current therapist has an opening at this time?

_____ Change therapists if necessary

_____ Wait for current therapist to have an opening

If the new therapy time is not available by the date requested, would you like to keep the old time until a new one opens up? Or would you prefer to have your child stay on our waiting list until the requested time(s) become available?

_____ Keep current time for now

_____ Go on wait list

Parents' names and phone numbers: _____

Any additional information _____

If we find a time that works temporarily for your child, you are welcome to stay on the waiting list for a time you prefer. Once you are satisfied with your therapy time, however, we will take your child off the waiting list. 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.