



Special Needs Questionnaire

1. What is your child's special need? (Down Syndrome, Autism, ADHD, other)

2. How old is your child?
3. Is your child a boy or girl?
4. Is your child in PT and or OT? If so what kind of skills are they working on?

5. Are you looking for individual or group training?
6. Are there specific goals you are looking for with your child? (improve muscle tone, gait, coordination, social interaction, posture, weight loss etc)

7. Do you work for a specific organization? If so which one?

8. Would you like to be contacted to set up an initial consultation?

Name:

Phone number:

Email: