



# UNITED HERZLIA SCHOOLS

## בתי"ס המאוחדים הרצליה

### THERAPY INFORMATION

Dear Parents,

Please fill in the following information. Has your child ever been referred for therapy? Indicate whether therapy took place and for what length of time.

YES     NO

**CHILD'S NAME:** \_\_\_\_\_

#### OCCUPATIONAL THERAPY

Therapist's Name: \_\_\_\_\_ Was therapy indicated? \_\_\_\_\_

Did it occur? \_\_\_\_\_ Length of Period: \_\_\_\_\_

#### PHYSIOTHERAPY

Therapist's Name: \_\_\_\_\_ Was therapy indicated? \_\_\_\_\_

Did it occur? \_\_\_\_\_ Length of Period: \_\_\_\_\_

#### SPEECH THERAPY

Therapist's Name: \_\_\_\_\_ Was therapy indicated? \_\_\_\_\_

Did it occur? \_\_\_\_\_ Length of Period: \_\_\_\_\_

#### PLAY THERAPY OR ANY OTHER TYPE OF THERAPY

Therapist's Name: \_\_\_\_\_ Was therapy indicated? \_\_\_\_\_

Did it occur? \_\_\_\_\_ Length of Period: \_\_\_\_\_