

- Speech-Language Therapy
- Diagnostic Evaluations
- Executive Function Coaching
- Dyslexia Therapy
- Social Communication Groups
- Learning Skills/Strategy Instruction

Reading • Vocabulary • Inferencing • Summarizing/Paraphrasing • Written Language

	"Committed to	the Development of th	ne Whole Ch	ild.''
	SLLS MERIDI	AN ACADEMY REGIST	TRATION FO	RM
Student Name:			Grade:	School:
Parent Name:			Cell Phone:	
Parent Email:				
Parent Email:				
				:
Strategy Choice(s)				
sessions are targeted for each Mondays AM Preference (8am-	Vocabulary (ACT Paraphrasing and Inference Strategy Writing Strategies Intensity will be based a strategy introduced. Tuesdays I 1am)	Summarizing Strategy on vacation, camp schedules, a Please note availability below Wednesdays Iid-Day Preference (11am-2p	nd school end/star :	rt dates. A minimum of ten 1-hour ys
Summer Camp & Vacation Schedule (please note dates unavailable) Strategy recommendations	consider informatio	n collected via the parent	intake process.	This may include discussion of
cognitive, or speech-language to SLLS. Select Meridian A and/or evaluation, or a consu language screening or further Payment Policy: Services potential group options for co	e evaluation reports we cademy services may ltation. If ongoing services revaluation may be reare billed at our onsitiost savings. Group rate	vith this registration. Necessary to require additional background rvices are requested following dequired. ite hourly therapeutic rate of \$1 tes are billed at \$70 to \$80 per h	forms will be mail I information, a p completion of Mer 20 per hour for in nour, based on act	e include all previous educational, ed for parent completion and return otential speech-language screening ridian Academy sessions, a speech-individual programming. Ask about ual number of group participants in heduling. Billing for no notice/late
Parent/Guardian Si	gnature	Parent/Guardian	Signature	Date