

Client Availability for ABA Services - Clinic

Location: Altamonte Springs at 324 Newburyport Ave., Altamonte Springs, FL 32701

In order to best match staff for your case please complete the table below regarding your child's availability for clinic services. Our clinic uses a block schedule. Please mark all time blocks that are options for services. The more options available, the higher likelihood we can quickly place your case.

Additionally, we like to consider all services your child is receiving throughout the day (including school). Please let us know if/when your child attends school, therapies, or extracurricular activities (sports/dance/clubs, etc.).

Child's Name: _____ **Date:** _____

Day	Clinic Availability	Child's Other Scheduled Activities
Monday	<input type="checkbox"/> A Block (9:00AM – 11:00AM) <input type="checkbox"/> B Block (11:00AM – 1:00PM) <input type="checkbox"/> C Block (1:30PM – 3:30PM) <input type="checkbox"/> D Block (3:30PM – 5:30PM)	<input type="checkbox"/> School /Daycare From: _____ to _____ <input type="checkbox"/> OT From: _____ to _____ <input type="checkbox"/> SLP From: _____ to _____ <input type="checkbox"/> PT From: _____ to _____ <input type="checkbox"/> Other: _____ From: _____ to _____
Tuesday	<input type="checkbox"/> A Block (9:00AM – 11:00AM) <input type="checkbox"/> B Block (11:00AM – 1:00PM) <input type="checkbox"/> C Block (1:30PM – 3:30PM) <input type="checkbox"/> D Block (3:30PM – 5:30PM)	<input type="checkbox"/> School /Daycare From: _____ to _____ <input type="checkbox"/> OT From: _____ to _____ <input type="checkbox"/> SLP From: _____ to _____ <input type="checkbox"/> PT From: _____ to _____ <input type="checkbox"/> Other: _____ From: _____ to _____
Wednesday	<input type="checkbox"/> A Block (9:00AM – 11:00AM) <input type="checkbox"/> B Block (11:00AM – 1:00PM) <input type="checkbox"/> C Block (1:30PM – 3:30PM) <input type="checkbox"/> D Block (3:30PM – 5:30PM)	<input type="checkbox"/> School /Daycare From: _____ to _____ <input type="checkbox"/> OT From: _____ to _____ <input type="checkbox"/> SLP From: _____ to _____ <input type="checkbox"/> PT From: _____ to _____ <input type="checkbox"/> Other: _____ From: _____ to _____

<p style="text-align: center;">Thursday</p>	<input type="checkbox"/> A Block (9:00AM – 11:00AM) <input type="checkbox"/> B Block (11:00AM – 1:00PM) <input type="checkbox"/> C Block (1:30PM – 3:30PM) <input type="checkbox"/> D Block (3:30PM – 5:30PM)	<input type="checkbox"/> School /Daycare From: _____ to _____ <input type="checkbox"/> OT From: _____ to _____ <input type="checkbox"/> SLP From: _____ to _____ <input type="checkbox"/> PT From: _____ to _____ <input type="checkbox"/> Other: _____ From: _____ to _____
<p style="text-align: center;">Friday</p>	<input type="checkbox"/> A Block (9:00AM – 11:00AM) <input type="checkbox"/> B Block (11:00AM – 1:00PM) <input type="checkbox"/> C Block (1:30PM – 3:30PM) <input type="checkbox"/> D Block (3:30PM – 5:30PM)	<input type="checkbox"/> School /Daycare From: _____ to _____ <input type="checkbox"/> OT From: _____ to _____ <input type="checkbox"/> SLP From: _____ to _____ <input type="checkbox"/> PT From: _____ to _____ <input type="checkbox"/> Other: _____ From: _____ to _____
<p style="text-align: center;">Saturday</p>	<input type="checkbox"/> A Block (9:00AM – 11:30AM) <input type="checkbox"/> B Block (11:30AM – 2:00PM)	<input type="checkbox"/> School /Daycare From: _____ to _____ <input type="checkbox"/> OT From: _____ to _____ <input type="checkbox"/> SLP From: _____ to _____ <input type="checkbox"/> PT From: _____ to _____ <input type="checkbox"/> Other: _____ From: _____ to _____
<p style="text-align: center;">Sunday</p>	<p style="text-align: center;">Clinic Closed</p>	<input type="checkbox"/> School /Daycare From: _____ to _____ <input type="checkbox"/> OT From: _____ to _____ <input type="checkbox"/> SLP From: _____ to _____ <input type="checkbox"/> PT From: _____ to _____ <input type="checkbox"/> Other: _____ From: _____ to _____

Notes: