

INTERACTION UNLIMITED  
--APPLICATION--

Email: [Interaction\\_Unlimited@verizon.net](mailto:Interaction_Unlimited@verizon.net)

Fax: 972-964-6412

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Diagnosis (if applicable) \_\_\_\_\_ Date submitted: \_\_\_\_\_

**List 3 of your child's strengths:**

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**List the difficulties that your child has in social situations:**

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**Therapies (Speech, OT, etc) receiving (if applicable):**

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**List one to three people that are providing any services for your child whose input you would like us to consider (optional):**

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

***Please circle the time slot that will best fit your schedule:***

1. 2pm - 4pm

2. 4pm – 6pm

***Please circle the preferred number of sessions per week that you would like to receive for your child:***

1. One time per week

2. Two times per week

***For one time a week option please circle the days of the week that fit you schedule best:***

Monday / Tuesday / Wednesday / Thursday

Saturday (10am to 12 pm – session available only for the 4-6 year olds)

***For two times a week option please circle the days of the week that fit you schedule best:***

Monday and Wednesday

2. Tuesday and Thursday

***If none of the days/times are a good option for you please let us know what would best fit your schedule:*** \_\_\_\_\_

***Please provide any additional information that you would like us to consider (include any additional accommodations that we may need to provide for your child):***

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Please let us know how you found out about us:

Support group \_\_\_\_ North Texas Kids \_\_\_\_ Dallas Child \_\_\_\_

Friend \_\_\_\_ (Name: \_\_\_\_\_) Other: \_\_\_\_\_