Get Ready for a New Therapist

What you've learned about your child, ready for the first session.

CHILD _____ **DATE** _____ **THERAPIST** _____ **KIND OF THERAPY** _____

HOW MY CHILD COMMUNICATES

_____

WHAT CALMS MY CHILD

_____

WHAT MAKES IT HARDER

_____

What we've tried

WHAT'S WORKED

_____

_____

_____

WHAT HASN'T

_____

_____

_____

What I hope for

1. _____
2. _____
3. _____

How we'll stay in touch

- ☐ Notes home
- ☐ Email
- ☐ Text
- ☐ Phone call
- ☐ An app
- ☐ In person

HOW OFTEN

_____

BEST TIME

_____

MY QUESTIONS

_____

_____

WHAT THEY SAID

_____

_____

_____

Add this to your child's Bloom Autism Support: snap a photo and send it to your child's Bloom Autism Support email address.
Free for every family. Make a copy for another parent.
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