

## Therapy Record Form – Taster Session

Therapy Record form for: \_\_\_\_\_  
Date of Group Taster Session: \_\_\_\_\_  
Start time: \_\_\_\_\_ Finish time: \_\_\_\_\_

**Information Gathered Prior to the Taster Session:**

**Aims of Session:**

**Reactions/Progression/Difficulties:**

**Suggestions for follow up strategies/therapy:**

Cerebra are an organisation that will provide a voucher scheme to help parents access independent therapy. It might be worth following this link to see if you qualify:  
<http://www.cerebra.org.uk/english/gethelp/grants/Pages/default.aspx> - please note Speech and Language needs comes under the remit Neuro developmental condition.

**Signature of Therapist:**

**Date:**

**Speech and Language Therapist  
Integrated Treatment Services**

Brooklyn House, 44 Brook Street, Shepshed, Leicestershire, LE12 9RG

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 integrated-treatment-services   [www.integratedtreatments.co.uk](http://www.integratedtreatments.co.uk)

