



37 Lincoln Street | Suite 1B | Essex Junction, VT 05452
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Hi!

_____ (*Child's name*) is being seen by the clinical team at Empower Therapy! We are providing this form to you so that you can have a glimpse of what they are targeting in therapy. This also serves as consent for you to connect with our lead clinician if you have any questions about how to target the skills below!

Lead Clinician:

- Stephanie Klein, MS, CCC-SLP (stephanie@empowertherapy.net)
- Rebecca Vaughan, MS, CCC-SLP (rebecca@empowertherapy.net)

Frequency of services: _____

Virtual/In-person

Primary goals:

- 1) _____
- 2) _____
- 3) _____

Thanks!

Signature of Parent

Date