

# Charlotte TEACCH Sessions Sign Up Form



**Date:**

Client Name:

Date of Birth:

School/Place of employment:

Address:

Parent/Guardian's Name(s):

Phone Number(s): Home

Cell

Work

Other

Parent/Guardian's Email:

May TEACCH email you regarding upcoming events and news

YES

NO

**Session Information** - What type of session(s) are you interested in (check all that apply)?

**Individual Caregiver TEACCHing Sessions**

**Adult TEACCHing Sessions**

**Group Intervention Sessions**

Young Children's (0-5) Play & Social Group

School Age Social Skills Group

Hygiene & Self-help Skills Group

College Support Group

Job Search/Vocational Support Group

Current Concern(s):

What do you want to learn to support yourself or your child?

**Mail or Fax Form to:**

Charlotte TEACCH Center | 5701 Executive Center Drive, Suite 108 | Charlotte, NC 28212

Phone: 704-563-4103 Fax: 704-563-4112

