



# Team Autism

M E M P H I S

2018 EXETER ROAD • THE OFFICE CENTER • GERMANTOWN, TENNESSEE 38138 • (901) 337-7524

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## EVALUATION REQUEST

I am requesting:

..... An Occupational Therapy Evaluation \$285

..... I understand that on the day of the evaluation an additional treatment session  
..... may be provided and billed if parent education occurs at the time of evaluation.

..... Basic Speech-Language Evaluation \$225

..... I understand that a Basic Speech-Language Evaluation includes one test of  
..... articulation and one test of language.

..... Extended Speech-Language Evaluation, to include assessment of

..... language-based learning disorders. I understand that the assessment of language-  
..... based learning disorders is offered at an addition fee that is not covered by  
..... insurance. Total fee \$525

..... Name:

..... Signature:

Date: