



## Interest in Participation

Name(s) of parent(s): \_\_\_\_\_

Child's name: \_\_\_\_\_

Today's date: \_\_\_\_\_

We hope you have enjoyed this Orientation meeting and are now able to decide if you would like to participate in a *More Than Words* Program.

Please complete this form and leave it with the *More Than Words* speech-language pathologist/therapist before you leave the Orientation meeting, or send it back no later than:

\_\_\_\_\_  
(deadline for acceptance)

**If we do not receive your form we will assume you are no longer interested in participating in a *More Than Words* Program.**

Please check the statement that applies to you:

- I/we would like to participate in the earliest *More Than Words* Program available
- I/we would like to participate in a *More Than Words* Program, but are unable to do so at this time and would like to stay on the waiting list

Reason:

- I/we no longer wish to attend the *More Than Words* Program

Reason:

- I/we wish to speak to a speech-language pathologist/therapist before making this decision

Please call me/us at: