Nothing makes us more excited than to reach a Milestone and to hear your Child’s Success Story!

Tell us about your child’s success in therapy today. All successes, big and small, deserve to be celebrated! (What was achieved? How did your child feel? Why is this gain important to your family?)

Why did you choose AASL as your therapy home?

The greatest compliment we could receive from our clients is the referral of someone they care about. We would be honored to help your friends and family, too! Is there someone you’d like us to follow-up with or share more information about the therapy process with?

Name:

Contact (phone/email):

Type of information they might find useful:

Your Name:

Your Child’s Name:

We’d love to share your child’s success! Do we have your permission to publish your success story (printed in our office, newsletter, website, social media)? (please mark one below)

☐YES (you can include my name/child’s name too)

☐YES (but with names made anonymous) ☐NO