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**Social Communication Skills Program
Scheduling Availability Form**

Scheduling the social skills groups is sometimes a difficult process. We try our very best to arrange a schedule that will accommodate everyone's needs. In order for this process to be successful, we need your cooperation. Please notify us as soon as possible if there is any change in your child's availability.

Child's Name: _____ **DOB:** _____

***Please number the weekday in order of preference, as well as the times on that day**

___ **Monday**

___ 4:00 – 5:00 p.m. ___ 4:30 – 5:30 p.m. ___ 5:00 – 6:00 p.m.

___ 5:30 – 6:30 p.m. ___ 6:00 – 7:00 p.m. ___ 6:30 – 7:30 p.m.

___ **Tuesday**

___ 4:00 – 5:00 p.m. ___ 4:30 – 5:30 p.m. ___ 5:00 – 6:00 p.m.

___ 5:30 – 6:30 p.m. ___ 6:00 – 7:00 p.m. ___ 6:30 – 7:30 p.m.

___ **Wednesday**

___ 4:00 – 5:00 p.m. ___ 4:30 – 5:30 p.m. ___ 5:00 – 6:00 p.m.

___ 5:30 – 6:30 p.m. ___ 6:00 – 7:00 p.m. ___ 6:30 – 7:30 p.m.

___ **Thursday**

___ 4:00 – 5:00 p.m. ___ 4:30 – 5:30 p.m. ___ 5:00 – 6:00 p.m.

___ 5:30 – 6:30 p.m. ___ 6:00 – 7:00 p.m. ___ 6:30 – 7:30 p.m.

___ **Friday**

___ 4:00 – 5:00 p.m. ___ 4:30 – 5:30 p.m. ___ 5:00 – 6:00 p.m.

___ **Saturday**

___ 9:00 – 10:00 a.m. ___ 9:30 – 10:30 a.m. ___ 10:00 – 11:00 a.m.

___ 10:30 – 11:30 a.m. ___ 11:00 – 12:00 p.m. ___ 12:00 p.m. – 1:00 p.m.