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ParksideSchool.org

2024-2025

COORDINATION OF SERVICES FORM

(This form must be returned even if your child has no outside services - write the child's name and N/A)

Name of Child: _____

Name of Clinician or Tutor: _____

Address: _____

Telephone: _____

Fax: _____

Specialty: _____

Initial Date of Treatment: _____

Day(s) of sessions: _____

Available for Conferences and/or phone calls:

Days: _____

Times: _____

Additional Comments: