

Pediatric Clinic

Instructor: Courtney Boitano
OTD, OTR/L, BCBA-D

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Email to:

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Clinic days: Tuesdays only for Fall '21

Hours: 3:30 – 4:30 pm – Preschool/School Age
(ages 3 through 18)

Semesters: *Fall* (Sept. – Dec.); *Spring* (Feb – May)
(No clinic: Summer and Winter break)

Suggested donation:

\$150.00 to cover
materials & supplies
used during clinic.

Referral Information:

Today's Date: _____

Client's Name: _____

Address: _____

Contact Person/
Phone Numbers _____

Email Address: _____

Primary Language: _____

Date of Birth: _____

Diagnosis: _____

Date of Onset: _____

Discharge from Therapies (OT/PT/ST): _____

Referring Agency: _____

Contact Person/Phone: _____

Reason for referral/Parent concerns: _____

- Please note: We typically have a waitlist and a new referral form is needed for each semester. Referral forms received after August 15 will not be accepted for the Fall semester waitlist and forms received after January 15 will not be accepted for the Spring semester. If you miss the deadline, please re-submit the referral between June 1 through August 15 for Fall semester, December 1- January 15 for Spring semester. Faculty are *not* on campus from June 1 through August 15 but the date of referral will be recorded and the waitlist will reflect the date received for each referral.