



Island Therapy Solutions Outreach Request Form

Please complete this form and email it to Liz Llanos at llanos@islandtherapysolutions.com. All requested services are subject to staff & resources availability. Please submit your request **at least 10 days prior** to your event/program.

About Your Organization

Organization Name: Click or tap here to enter text.
 Contact Person: Click or tap here to enter text.
 Phone Number: Click or tap here to enter text. Email: Click or tap here to enter text.

Event Details

Event Name: Click or tap here to enter text.
 Event Purpose: Click or tap here to enter text.
 Event Audience: Click or tap here to enter text.
 Event Type: Radio Virtual/Phone Virtual/Zoom In-person Other _____

Services Requested

Type of Services Requested: Choose an item.

Content of Services Requested: (check all that apply)

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Stress/Anxiety	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Suicide Prevention	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Support Groups
<input type="checkbox"/> Autism	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Training _____
<input type="checkbox"/> ABA Services	<input type="checkbox"/> Depression	_____
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Psychiatry	_____
<input type="checkbox"/> STEP	<input type="checkbox"/> Other (specify):	Click or tap here to enter text.

For Official Use Only

Location:	Choose an item.	
ITS will participate at these levels: (check all that apply):	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Stress/Anxiety
	<input type="checkbox"/> Suicide Prevention	<input type="checkbox"/> Physical Therapy
	<input type="checkbox"/> Autism	<input type="checkbox"/> Occupational Therapy
List Names of Program Staff to Participate: Click or tap here to enter text.	<input type="checkbox"/> ABA Services	<input type="checkbox"/> Depression
	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Psychiatry
	<input type="checkbox"/> STEP	<input type="checkbox"/> Other (specify):