



SCŠPP zaradené do siete škôl a školských zariadení SR  
rozhodnutím MŠ SR číslo: 2016-15532/42020:10-10HO k 1. 11. 2016

## REQUEST FORM FOR EARLY INTERVENTION CENTRE SERVICES

Psychological Assessment		Special educational needs assessment		Occupational assessment	
Speech and language assessment		Physiotherapy assessment		Developmental stimulation	
Alternative communication therapy		Counselling		Consultation	

Child's name	
Date of birth	
Place of birth	
Birth number or personal ID	
Full address	
Type of stay in Slovakia	
Nationality	
Citizenship	
Communication language	
Type of education child attends	
Name of diagnosis if known	
Who recommended this service to you?	



**CENTRUM VČASNEJ INTERVENCIE**  
**BRATISLAVA, n. o.**  
Súkromné centrum špeciálno-pedagogického  
poradenstva centra včasnej intervencie

Name of a parent or legal representative	
Address	
Telephone number	
E-mail address	
Address in Slovakia	
Type of stay in Slovakia	
Who requests the assessment of a child?	
The reason for assessment/consultation	
Additional notes – description of current difficulties	

In Bratislava, date:

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Signature of legal representative

Please return completed form to the e-mail address [centrum@cvibratislava.sk](mailto:centrum@cvibratislava.sk), or by post to: Centrum včasnej intervencie Bratislava, n.o., Háľkova 11, 831 04 Bratislava.

Once we receive your form we will make a contact to arrange consultation to discuss your needs further.

Note: Information provided by you will be treated with confidentiality and will be used for the Centre purposes only.

On behalf of Early Intervention Centre team  
Erika Tichá