



## 2012 POLICY AGREEMENT

I thank you for choosing me to be a part of your child's treatment program. I am committed to providing quality treatment services that best meet your child's speech and language needs. Together, we will work to help your child achieve his or her speech and language goals.

Initial treatment session will include an informal assessment and review of background information and documentation to determine goals. Treatment sessions will be designed to meet the goals and include parent feed back time at the end of the session. Supplementary materials or activity suggestions for home practice will be provided after treatment sessions. These will be designed to reinforce therapy goals and encourage carry-over of learned speech and language skills. Please consider these games and activities your child's homework and a necessary part of participation in therapy.

Regular consistent sessions are critical in order to ensure communication skills strengthen as much and as quickly as possible. Twenty-four hour notice of cancellation of an appointment is requested in order to avoid a cancellation fee (50% of regular session fee). Of course, I recognize that there are exceptions such as illness and family emergencies.

Progress and current goals will be periodically reviewed to ensure continued progress. If you need any additional consultations or written documentation outside of scheduled treatment sessions, additional fees will be determined on a case by case basis.

**Payment/co-payments are required at the end of each session. If your insurance denies payment for any reason, you will be responsible for the full amount of the session fee.**

I look forward to working with your child to achieve outlined communication goals. Please sign below that you have read and understood the above information. If you have any questions, please ask me for clarification prior to signing.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date