



Attendance/Cancellation Policy

Please read and initial each policy below and then sign and date the form at the bottom.

_____ **Regular attendance** is imperative to your child's progress toward their therapy goals. The most common cause of lack of progress is inconsistent attendance. Should you cancel more than 20% of your child's treatment sessions for 2 consecutive months, I must consider (and reserve the right) to discharge.

_____ **Cancellation Policy:** If possible, please provide 24 hour notice if you need to cancel a session. I am available by phone, text messaging, and e-mail if you need to cancel or reschedule a session. If 24 hour notice is not provided, you may be charged a \$25 fee.

_____ **Illness:** If your child has a contagious illness or a cold which involves excessive coughing or runny nose, please reschedule for a time when he/she will be better able to tolerate therapy.

_____ **Arrival/Departure:** Because the speech office is attached to my home, there is no waiting room. Thus, there is no need to arrive early for your appointment. Departing your appointment in a timely manner is also encouraged to allow for privacy for the next client.

I have read the above policies and agree to abide by them.

Printed Name

Date

Signature

Date