ATTENDANCE AGREEMENT

Child's Name: _____

Date Of Birth: _____

Our regular appointment times as of (date) _____ are

_____.

CANCELLATIONS AND MISSED SESSIONS

Speech therapy is important to you, your child, and me- let's do our best to keep regular appointments. However, I acknowledge we all have lives outside of speech therapy. If something comes up, please let me know at least 24 hours in advance. If something comes up on my end, I will let you know at least 24 hours in advance.

If you need another therapy time, I will do my best to accommodate you. If I am not able to, we will notify the district and ask them to place you with another clinician.

IF I CANCEL: Please know if I cancel a session I am obligated to offer you a makeup time. If the time offered does not work for you, I will do my best to make an accommodation, but I am not obligated to make a makeup work. You may, of course, decline a makeup if the time does not work.

IF YOU CANCEL: If you cancel a session, I'd like to make it up and will do my best to.

NO CALL/ NO SHOW: If I show up to your home and you are not there, or to your child's preschool/ daycare and they are not there- and you haven't notified me by phone a head of time, oops- it happens. If it happens twice in a row, I will notify the school. On the third time, I will have the option to discharge you from my caseload.

PRESCHOOLERS: We are obligated to follow your school district's schedule for regular sessions. This includes school breaks and snow days. I can offer a make-up session during your school break time, but ONLY if your child receives therapy in that setting and for a session that was missed in that setting unless permission from the district is granted.

If there is a matter of the time not being right for speech, or if life priorities shifted, or if you would just like a new provider, please let me know before it comes to missed sessions.

ILLNESS

Providing treatment to a child that does not feel well is not efficacious, and also puts myself and every other child on my caseload at potential risk of exposure. If your child has had any of the following within the last 24 hours, please cancel your session. If I have had any of the following within the past 24 hours, I will definitely cancel the session, and will offer you a makeup as described above.

These points are based on the Centers for Disease Control and Prevention (CDC) Infection Control Guidelines:

- COVID-19 symptoms, such as fever, cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell, etc.
- Having tested positive for COVID-19 in the past 14 days
- Being told by a doctor or Department of Public Health official to remain home due to COVID-19.
- Fever of or over 99.5 degrees
- Thick, yellow/green nasal discharge
- Vomiting or had diarrhea twice or more in 24 hours
- Mouth sores with drooling
- Body rash with fever
- Sore throat with fever and swollen glands
- Severe coughing
- Eye discharge (thick mucus or pus draining from eye, or pink eye)
- Yellowish skin or eyes
- Upper respiratory illness such as bronchitis or influenza
- Chicken pox (until all blisters have dried and formed scabs) and shingles
- Bacterial infection (Impetigo, Strep Throat, etc.)
- Viral infection
- Any parasitic infestation (Lice, Scabies, Ringworm etc.)
- Measles, mumps, rubella, pertussis, Hepatitis A- until one week after appropriate treatment has begun and child has been cleared for school/ therapy by their doctor
- Extreme irritability, exhaustion, or continuous crying

Your child must be symptom-free for 24 hours, without the use of medications including Tylenol. Your child must also have been receiving the appropriate dose of antibiotics or other medications as indicated by their pediatrician (if applicable) for therapy to resume.