



## Pediatric Speech-Language Therapy “Always Cultivating Responses”

### **Attendance Policy and Procedures**

Attendance and participation in therapy along with complete compliance with any associated home programs, are essential for therapeutic success.

While ACR Speaking Dimensions, INC understands that illnesses and emergencies occur, we respectfully request that you avoid cancellations or "no shows," if at all possible. Please adhere to our following policy regarding providing our office with advance notification for any cancellations resulting from a conflicting appointment, vacation, or any other event.

All cancellations must be submitted at least 24 hours prior to your scheduled appointment. You can call the office at 678-587-5995 and leave a message, text (706-201-8223), or e-mail the office at [support@acrspeakingdimensions.com](mailto:support@acrspeakingdimensions.com) no less than 24 hours in advance of the session to cancel and reschedule.

If you miss 3 scheduled sessions, we reserve the right to discharge the client from services. Cases will be handled on an individual basis. It is your responsibility to reschedule sessions, if possible. *Sessions should be made up within that particular month. If they are made up within that month, the cancellation will not count towards your 3 missed sessions. This does not apply for “no shows.”* If the client fails to show up for a scheduled appointment (“no show”), then it will be treated as a cancellation without the required notification and this will account for one of the missed session.

Additionally, for any client who arrives late for a scheduled appointment, the session *will still end* at the scheduled time or may have to be cancelled, if there is not enough time left for a productive session. If the latter occurs, the session will count for one of your cancellations. If you are private pay and you arrive late, but still within the scheduled time frame, the full amount will still be due.



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The parent/caregiver must attend each session and be ready to discuss the summary of the therapy session at least 5 minutes before the session ends. This discussion will include the home program until the next scheduled session.

The Speech-Language Pathologists are not responsible for the child/client after the session is over. Please be mindful that there are other children/clients coming in for their scheduled appointments and we want to ensure that they receive their full scheduled sessions.

Please be mindful *not* to bring your child to the office with a fever, strep, unidentified rash, diarrhea, vomiting, or any highly contagious illness. You or your child must be fever-free, without medication, for 24 hours prior to the session. If you or your child arrives ill, the session will have to be cancelled and this will count as a missed session. Please keep in mind that ACR strives to foster a clean and healthy environment for all of our clients and staff.

We ask that while in the waiting area, that you be mindful that the noise level can adversely affect therapy so please keep the noise level to a minimal, if at all possible.

I, \_\_\_\_\_, (client/caregiver name) understand the attendance /cancellation policy and the risks of not adhering to it.

Print Name of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Client Date of Birth: \_\_\_\_\_

Print Name of Participant or Legal Representative: \_\_\_\_\_

Signature of Participant or Legal Representative \_\_\_\_\_

Relationship to Client: \_\_\_\_\_