



pediatric speech therapy

Policy Review and Procedures

Client: _____

DOB: _____

The following information is provided as a way to ensure therapy services provided by Voz Speech Therapy, LLC are successful for you and your child. Please review the following policy and procedural information and sign indicating that you are and aware and comply.

- Eligibility and frequency of therapy will be determined by the therapist based on level of severity and will be documented in the child's plan of care with agreement from the caregiver.
- Therapy visits will be consistent, with a specific day and time agreed upon by therapist and caregiver. See cancellation policy.
- Therapy visits will be a minimum of 50 minutes, with 5-10 minutes extra to discuss current progress, caregiver education and to answer any questions.
- A visit/SOAP note will be completed by the therapist following each visit to accurately document child's progress and mastery of goals. A copy of this note can be requested, in print and/or electronically, from the therapist for your records.
- A re-evaluation is recommended every 6 months to determine current level of progress, mastery of goals and eligibility for therapy services; however, depending on child's progress he/she may be discharged at any time, making a re-evaluation unnecessary.

"I have read and consent to the Policy Review and Procedures form regarding therapy services with Voz Speech Therapy, LLC."

Signature

Date