

Attendance Policy: Occupational, Physical and Speech-Language and Learning Therapies

We are pleased that you have chosen to bring your child to The Children's Hospital for therapy services. In order to provide the best possible services for the many children we see, we would like you to understand our attendance policy.

We will schedule your child's appointments according to your child's needs (i.e. weekly, twice a month, monthly).

Consistent attendance is important for your child to make progress toward therapy goals.

- **REGULAR ATTENDANCE:** At least 75% of your OT/PT and 80% of your speech-language and learning therapy appointments is required. If attendance falls below the required levels or you are chronically tardy, it may be necessary to decrease or discontinue services at our facility. If the current schedule is not working for you, please discuss scheduling options with your therapist. We will make every effort to find a day and time that works best for you and your child.
- **CANCELLATIONS:** We understand that due to illness or other unexpected events it may be necessary for you to occasionally cancel a therapy appointment. Prior notice is necessary, and at least 24 hours notice is most helpful. Please notify the front office as soon as possible if you need to cancel a therapy appointment and provide a reason for the cancellation. You can leave a message if you reach voicemail. We appreciate two weeks notice of vacation plans.
- **NO SHOWS:** Two uncancelled appointments may result in discontinuation of services for your child. PLEASE CALL if you cannot come to therapy.
- **LATENESS:** Children arriving late for an appointment will be treated for the remainder of the scheduled treatment time. If you will be more than 15 minutes late, call to be sure your therapist can still see your child.
- **THERAPIST CANCELLATIONS:** Your child's therapist or front office staff will notify you as soon as possible if your appointment must be cancelled. Sessions cancelled by your therapist do not affect your attendance percentage.

We look forward to working with you and your child. Please feel free to contact us with any questions or concerns.

I have read and understand the above attendance policy.

Parent/Guardian Signature

Date

Child's name

Date of Birth



The Children's Hospital

Affiliated with



University of Colorado at Denver
and Health Sciences Center



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Speech Therapy and Learning Services
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