



## **Attendance & Cancellation Policy**

Welcome to Chatterbox Pediatric Therapy Center! We are glad you have selected us to meet your child's therapy needs.

Consistent attendance is crucial to your child achieving optimal speech/language and occupational therapy results. It is the patient and/or parent's responsibility to ensure that attendance is a priority. Inconsistent attendance does not allow your child to make progress!

Cancellations, especially last minute ones, along with patient no-shows, decrease our ability to accommodate the scheduling needs of other patients. We must ask for your full cooperation with the following attendance policy.

### **Attendance Expectations:**

- At least 80% attendance per month.
- Clients must attend 10 of 12 consecutive sessions or 20 of 24 sessions if twice a week, which applies to both speech-language and occupational therapy sessions.
- 24-hour's notice prior to missing a scheduled therapy appointment.
- Parents/caregivers are encouraged to reschedule appointments to remain in compliance with our attendance policy.
- All rescheduled appointments are 30 minutes in length.
- Patients that do not meet this criterion will be placed at the bottom of our wait list.

### **Cancellation:**

- A cancellation is documented and counted against your attendance when a session is cancelled with less than 24 hours' notice.

### **No Show:**

- A no show is documented when a child does not attend their scheduled therapy session without prior notice.
- **Three no shows** result in automatic placement on the bottom of our waitlist.

### **Late Policy:**

- If you arrive 10 or more minutes past your scheduled appointment time, your appointment **MAY** be cancelled.
- If your appointment is cancelled due to late arrival, a reschedule will be attempted.

It is extremely important for your child to consistently attend as well as be on time for their therapy appointments. We appreciate your cooperation in following our attendance policy.

Sincerely,  
Nikki Bentz & Kirsten Ulias

I have read and understand the above attendance policy for Speech-Language and/or OT Services.

\_\_\_\_\_  
Parent or Patient's Signature

\_\_\_\_\_  
Date

"Exceed client expectations...Coordinate individualized education plan goals and objectives with our comprehensive treatment plans"

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