Renee Allen, MS, OTR, LLC

**Guidelines for Therapy**

* Therapy sessions are 50-minutes long. This may include time for transitions in and out of therapy.
* In order to better help you reach your goals, a parent only meeting only, will be scheduled after every 10 child-centered sessions. This session will be billed at the same rate as the child-centered sessions.
* Out of respect for the other children who may come before or after you, therapy sessions will begin and end at the established times. Please try to be prompt.
* Because this is a family centered practice, a parent or caregiver is expected to stay throughout the duration of the therapy session. This will allow for the optimal carryover of information from the clinic to home.
* If your child has a fever (99.9 or above) or has vomited in the last 24 hours please call, text or e-mail to let me know and we can reschedule your appointment.
* If there are any changes in your child’s home life, or school life or if there has been a change in medication, please let me know as these events can affect a child’s progress in therapy.
* Coordination between caregivers, educators and doctors can be really important. With a signed release form, I will be happy to coordinate with your child’s team. I am always happy to visit schools, homes or attend meetings for the same hourly rate.
* If you cannot make a scheduled appointment for a non-illness related event, please text or e-mail me at least 24 hours in advance. One non-reported missed appointment will be excused, but additional appointments will be billed at the hourly rate. Frequent missed appointments will mandate a parent meeting to discuss commitment to the therapy program.
* If you have questions about your child’s progress please feel free to ask at any time. If the matter is too sensitive to be discussed in front of your child, I can be reached by phone (303) 596-5778 or e-mail reneeallenot@gmail.com

I have read and understand the guidelines for therapy for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_who will be receiving occupational therapy services with Renee Allen, MS, OTR, LLC.

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Parent Signature Date