Development is CHILD'S PLAY!

Where Fun and Function Go Hand-in-Hand

SERVICE AGREEMENT FOR SPEECH THERAPY EVALUATION / CONSULTATION

Please indicate the appropriate service below:

_____ I am requesting an **speech evaluation** for my child _____ .

I understand that the **evaluation** will cost $600 for time spent in direct assessment, review of records, and (when requested) telephone consultation with other team members. This cost includes a written report and one-hour parent conference. If additional services or extended time is needed, the fee may be higher. For such an assessment, the cost of the first 2 1-hour visits is $384, with following visits at our therapy rate of $192. A separate parent conference, if desired, is also $192. I agree to make an initial payment of $300 (**cash, check, or credit card imprint**) at the time that forms are submitted. I understand that I am responsible for all charges. Payment for the balance will be due upon completion of the evaluation. Balances more than 30 days overdue are subject to additional fees.

_____ I am requesting a **consultation** for my child _____ .

I understand that for a limited **consultation** with immediate verbal therapist feedback without a parent conference or written report (not appropriate for obtaining insurance coverage for ongoing treatment), the rate is $192 per hour. Any additional time or follow-up session(s) will be at the rate of $192 per hour. If a written report is needed, it will be an additional $96.00. Initial payments (**cash, check, or credit card imprint**) of $96.00 is due when forms are submitted.

Providing services may involve exposed skin and physical skin-to-skin contact. Movement and the use of suspended or unstable equipment are integral to our therapy programs. While reasonable efforts will be made to ensure safety, I recognize that injuries can occur.

_____ _____ _____

signature relationship to the child date

Are child's parents divorced? _____ yes; _____ no. If divorced, please provide the signature of the other parent or documentation of custodial powers. No services can be provided without this information.

_____ _____ _____

signature of other parent print name date

Based on your experiences, please give strategies to use or avoid when working with your child (continue on back as needed):