



CONSENT FOR SERVICE

Thank you for choosing Therapeutic Services LLC for your child's speech therapy services.

I, _____, hereby

give permission for Therapeutic Services LLC to provide speech therapy services to

Client/Student name

Signature (Parent/Legal Guardian if client is a minor) _____
Relationship Date

PARENT/GUARDIAN PARTICIPATION DURING SPEECH THERAPY SESSIONS

Children with impairments requiring speech therapy also require cooperation between the parents and therapist. Many therapy sessions include demonstration of techniques to parents so that they can follow through with observed and recommended activities. Your child requires your assistance in order to progress.

Each speech therapy session is typically 75-minutes. This includes 45 minutes of direct treatment with the client and 30 minutes of parent/communication Partner Training. Partner Training at each session is required in order to ensure that the maximum support is in place for the client to experience success and steady progress. The Partner Training involves training with parents and/or other people who frequently interact with the client (i.e. siblings, babysitters, and teachers) to explain the kind of intervention the client is receiving, why he is getting it, and how to carry over the skills he has learned in speech therapy. As the people interacting with the client begin to develop an understanding of the strategies, training can be lessened.

If you work full time and have a regular child care provider, you may provide permission for your child care provider to be present in your place for some of the speech therapy sessions.

Client's Name _____
Signature (Parent/legal guardian if client is a minor)

Date _____
Responsible Party _____
Relation to Client