

SLLC Attendance Policy

In order to ensure that your child receives quality services and exhibits excellent progress in therapy it is necessary that they attend all scheduled sessions. Without consistent attendance progress cannot be expected.

Please review the following Attendance Policy and indicate agreement to these terms by signing below.

- **I agree to be on time for sessions and participate consistently.**
- **If I do not attend and fail to contact the office prior to the session for three scheduled appointments, I will be dropped from the “standing appointment” list and placed on the waiting list for a new appointment time.**
- **If I have an unexpected, but short-term emergency that will make absences necessary, I may request a temporary leave until able to resume services without jeopardizing current enrollment.**
- **After a total of five absences (excused or not excused), I will be removed from my standing appointment time at the discretion of the therapist providing services.**

I have read and understand the terms of this Attendance Policy.

Name of Patient

Signature of Patient/Parent

Date