



Denise A. Gage, MA, CCC, LSLs Cert AVT  
Certified Speech/Language Pathologist  
Listening and Spoken Language Specialist

## POLICIES

1. Please be on time. If you are late for a session, you are not taking advantage of your allotted therapy time. You cannot expect progress unless you attend therapy consistently for the full time.
2. Parents must remain in the office while their child is in therapy. You must be available immediately after the session for discussion and to receive your child. Brothers and sisters are welcome to wait quietly in the waiting room with their parent. If the children become noisy or unruly, other arrangements must be made. It is imperative that no child be left unattended. Due to scheduling, we cannot assume responsibility for watching your child before or after the therapy session.
3. The last 5 or 10 minutes of the session (depending on the length of the session) will be reserved for review and discussion of the day's session and/or home assignments.
4. We appreciate your willingness to use our telephone answering machine. When we are not free to answer your phone call, our machine will answer, 24 hours a day. Please leave your name, phone number, and message. We will return your call as soon as possible.
5. If you must cancel a session, do so 24 hours in advance or the full therapy fee will be charged to you. (Exceptions will be made for emergency situations.) If you or your child wakes with an illness and cannot attend therapy, please call us before 9:00 a.m.
6. Conferences will be scheduled when necessary and will be assessed at the regular hourly therapy fee.
7. When requested, if at all possible, we will attend teacher conferences, and/or ARD meetings. You will be assessed with the regular hourly fee with a minimum charge of one hour to justify time away from the office.

I have read and agree to the policies of Speech Enterprises, Inc. including the notification of cancellation policy (#5). I understand that I or my child is subject to dismissal from therapy if the policy statement guidelines are not followed.

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Patient Name Printed