



Welcome to Blank Pediatric Therapy! Thank you for choosing us to be involved in your child's care! We are committed to working with your child as well as your entire family to make progress toward your goals. Please let us know if you have any questions. Your concerns are important to us.

**OUR GOAL:** To provide each patient with the opportunity to achieve skills to function at their very best at home, in school, and in the community. **We will work together to achieve the best outcomes for your child.**

**The therapy team's responsibilities:**

- Make a treatment plan based on:
  - Family goals
  - Test results
  - Identified strengths
  - Identified needs
- Help you and your child achieve these identified goals in therapy by:
  - Effectively targeting the skills they need the most help with
  - Providing activities to work on at home with your child to target these skills
  - Working with other professionals as needed to make positive changes in your child's overall development.
- Work with your doctor on a treatment plan for discharge (see discharge policy) including:
  - A home program
  - Available community services
  - Help from a social worker, if needed

**The family's responsibilities:**

- Please attend all of your scheduled therapy appointments. **Please be on time and check in at the front desk for each appointment.** Please call if you need to cancel or may be late.
- You are encouraged to be available during your child's session should your child's therapist need you to problem solve or demonstrate home program activities.
- If your child's therapist approves you leaving the clinic during therapy, please **check out at the front desk by providing your cell phone number** and plan to **arrive back to the clinic 10 minutes prior** to the end of your child's session.
- You may be asked to limit the number of observers in a session to ensure the best outcome for your child.
- Bring **all** of your child's needed supplies/equipment to **every** session. This may include: orthotics, hearing aids, communication device, wheelchair/seating system, etc.
- **Share changes of information promptly with clinic staff (i.e., insurance, address, or phone changes).**
- **Practice therapy activities outside of therapy time.** Your child's therapist is available to provide materials for home programming and to provide instruction.
- We encourage you to ask questions and share concerns with your child's therapist.
- If you decide to **take a picture or video of your child** during therapy, please **coordinate with your child's therapist** prior to doing so out of respect and privacy of all patients.

**We will work together to achieve the best outcomes for your child.**  
**I have read and agree to the responsibilities as written above.**

Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physical Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Occupational Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Speech-Language Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_