Southlake Autism and Behavior Services, PA

355 Citrus Tower Blvd, Suite 116 Clermont, FL 34711 Phone: 352.223.1999 O Fax: 352.600.3119 www.southlakeautism.com

Attendance Agreement

At Southlake Autism and Behavior Services we are committed to providing your child with the utmost in quality ABA services. In order to maintain this level of standard practice, regular attendance is essential. Progress can only occur when children attend their sessions regularly and home carryover is completed.

We also understand that children get sick and situations arise which will result in the need to cancel your appointment. Please do us the courtesy of giving us at least 24 hours notice if you will not be attending your session. Sessions cancelled with fewer than 24 hours of your scheduled appointment will be subject to a fee and may be recorded as an unexcused absence.

After 3 unexcused absences, your child may be placed on a "will call" list. Our Will Call List means your child will no longer be scheduled in a regular weekly time slot. We will call to schedule appointments when we have a cancellation that allows for an opening in the schedule. A \$30 fee will also be assessed. Please see our payment agreement, Form D for more information.

We appreciate your understanding of this policy. We are committed to the children we serve and are devoted to the development of their life skills. In order to allow all children the opportunity to receive therapy, we cannot hold spots for clients who cancel excessively or who have 3 "no-call, no-show" appointments.

Thank you for your help in upholding this policy and ensuring your child attends therapy regularly and consistently. This will only help to maximize the results from the therapy they receive.

Child's Name:	
Parent's Signature	Therapist's Signature
UNE	XCUSED ABSENCES
Absence 1	Parent's Signature
Absence 2	Parent's Signature
Absence 3	Parent's Signature