

Southlake Autism and Behavior Services, PA

355 Citrus Tower Blvd, Suite 116

Clermont, FL 34711

Phone: 352.223.1999 © 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/client 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 at least 24 hours notice if you will not be attending your session. Sessions canceled 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.

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

For appointments canceled with fewer than 24 hours notice and for scheduled appointments for which the client does not show with no notice, a No-Show fee of \$30.00 will be applied to the client's account and billed to the credit card on file. If no credit card is on file, an invoice will be sent to the Caregiver for payment. Failure to pay the No-Show may result in the client being placed back on the waiting list until their account is in good standing.

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.

Client's Name: _____

Caregiver Signature of Understanding: _____

UNEXCUSED ABSENCES

Absence 1: _____

Caregiver's Signature: _____

Absence 2: _____

Caregiver's Signature: _____

Absence 3: _____

Caregiver's Signature: _____