



a provider of Mountain View Hospital

www.mountainviewspeech.com ■ Serving Blackfoot, Idaho Falls, Taylors Crossing, Rigby and Rexburg.

Attendance Policy

Your therapist is: _____

Day(s)

Time(s)

Attendance Policy:

I understand that I/my child cannot benefit from therapy services without good attendance. I understand that there is a waiting list for therapy services, especially afternoon hours. I understand that I am/my child is expected to attend therapy at the scheduled appointment times weekly. If me/my child's attendance is below 85%, or miss three appointments without calling I/he/she may be discharged and placed at the bottom of the waiting list. If I/my child need(s) to miss an appointment: I will call ahead and give as much notice as possible. I also understand that therapists have scheduled back-to-back appointments, and as a courtesy to my therapist and other clients, I will make every effort to be on time for drop off and/or pick up times.

Your therapist will give you as much notice as possible should she/he need to cancel an appointment. Please make sure your therapist has current contact information.

Office number: 535-1286

Therapists Cell: _____

Parent or guardian /client signature

Date