



TERMS AND CONDITIONS

Duration of visits

I do not charge per hour as this will vary depending on the needs and attention span of the child. Most assessment sessions will last between 45 minutes to an hour and therapy sessions will last between 30 minutes to an hour and will include liaison with parent/ teacher/ teaching assistant. A significant adult should always be present where possible.

Liaison with other professionals

I will advise teaching staff regarding any targets or programmes I set. With your permission, I will copy any written report to other key professionals (such as the Consultant Paediatrician) in order to contribute to the diagnostic process and make recommendations as required. I am happy to liaise with your local Speech and Language Therapist who provides on-going therapy input.

Payment

Payment must be made before or at the time of my first visit. Cheques can be made payable to Mrs J E Roberts or BACS (details given via emailed invoice). Additional mileage may be added if excessive (i.e. beyond 25 miles from my home address postcode SN16 9HB).

Cancellation of Appointments

Please give as much notice as possible.

Appointments that are cancelled with less than 2 hours' notice may be charged at the full rate including appointments in schools and nurseries.

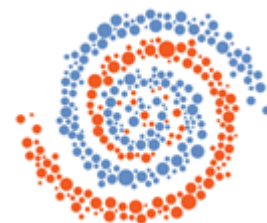
In the event that I need to cancel I will offer a replacement one as soon as I can.

Opting out

If, in my professional opinion, your child is no longer benefitting from therapy or needs a break, I will discuss this with you. Similarly, if you no longer wish to continue with therapy you can stop

Data protection, confidentiality and Safeguarding

Any confidential information will be kept securely in compliance with the UK Data Protection Act 1998 and will only be shared with parental permission or in exceptional cases when there is a genuine concern for the safety and well being of your child. I hold a valid DBS certificate (formerly known as Criminal Records Bureau).



Contract

I agree to provide an assessment and written report of my professional opinion and findings according to the above terms and conditions.

Parents will be required to sign a copy of the Terms and Conditions.

Name of child: _____

I, _____ (name of parent/ guardian) agree to these terms and conditions:

Parent/ guardian's signature: _____ Date: _____

Print out this form

