

Sacramento Scottish Rite Childhood Language Center

POLICY AGREEMENT

Welcome to the Sacramento Scottish Rite Language Center. Since 1987 the Sacramento Scottish Rite Childhood Language Center has dedicated itself to helping children with speech language learning disorders lead fuller lives. Treatment at this Center is provided by licensed and certified speech-language pathologists. The Center's philosophy emphasizes the importance of involvement by the child's parents/ guardians in the course of treatment. The therapy sessions are cooperative efforts involving the child, his or her parents/ guardians and the clinician. The parents/ guardians are expected to work with their child at home between therapy sessions. Successful speech-language therapy involves commitment from all.

Common Courtesy

We share this building with others; therefore, it is necessary to ask that the following considerations be made:

- use an indoor voice
- no running inside the building
- children need to be accompanied by parent/ guardian
- no food or drink in the waiting room

Health Policy

Germs can be transmitted easily. We ask you to please keep your children at home if he/she (or siblings) has any early contagious stages of a cold or any of the following:

- fever within the last 24 hours
- runny nose with yellow or green mucus
- diarrhea
- vomiting
- sore throat or difficulty swallowing
- lice
- rash or spots on skin, including a ringworm infection
- severe itching
- mouth sores
- eye discharge
- significant tiredness, irritability, crying
- uncontrolled coughing, difficulty breathing, wheezing

The California Scottish Rite Foundation requires that all students seen at this center provide a copy of their immunization records prior to enrollment or assessment. Inability to acquire immunization or refusal to submit proof of immunization may result in suspension of services or dismissal from the program.

Scheduling Policy

Please note the following schedules:

- **School-age children (1st grade and up)** will be scheduled for afternoon appointments between 1:00 p.m. and 5:00 p.m. Monday through Friday.
- **Pre-School, Kindergarten and Homeschooled children** may be scheduled for morning appointments, between 9:00 a.m. and 12:00 p.m. Monday through Friday.

Three appointment times will be offered. If none of the three appointment offerings are accepted, no further services will be offered.

Punctuality

Please be on time, your session will end at the scheduled time regardless of when you arrive. It is best to come 5 minutes early in order to allow time for your child to use the restroom and wash his/her hands. If the child is more than 15 minutes late for therapy, the child will not be seen that day. Chronic lateness (therefore less therapy) will impede your child's progress and **may result in termination of therapy.**

Attendance Policy

If your child misses two of six (2 of 6) scheduled appointments, he/she will be dismissed from the program. Please make every effort to call absences into the Language Center 24 hours in advance of your child's scheduled therapy session.

Waiting Room Supervision

Supervision of students before or after scheduled therapy time is not available. It is mandatory that students and siblings be accompanied by an adult at all times. Your child is expected to comply with all directions and requests made by staff members and volunteers. If your child is unable and/or unwilling to comply, **clinicians will consider terminating therapy.**

Parents/ caregivers must be on site/return 15 minutes before the scheduled end of the therapy session, unless otherwise arranged with clinicians. Leaving student and/or sibling unsupervised may result in discontinuation of student services.

Discipline Policy

The Center maintains a strict no hitting or physical discipline policy. Parents are not to discipline their children in the Center by any use of force, including but not limited to hitting or slapping. As a health care provider, the therapist is ethically/legally obligated to report any forms of abuse (verbal, emotional, and physical)

Emergency Policy

In case of an emergency, the staff is empowered with the responsibility to protect the life and welfare of your child. Neither the staff members, volunteers, nor the clinic may be held accountable for damages if it is determined that the staff members and volunteers acted in a responsible manner.

Food Allergies

Please inform us if your child has any food allergies or a restricted diet.

Parent Participation

A parent or guardian must be available for conferencing at least 15 minutes of each session or as arranged with the clinician. Parents and guardians are expected to participate and/or observe therapy and to follow through with home activities assigned by the therapist. This commitment is necessary in order for therapy to be of maximum benefit. It is the parents' responsibility to be aware of all homework and to report back to the therapist about progress.

Observation Policy

We often have visitors to our Language Center who observe diagnostic and/or therapy sessions. These visitors include professionals and students involved in communicative disorders, special education and related professions, individuals from the community and members of Scottish Rite. These observations help others to learn about our Center, our services and about our profession. We appreciate your cooperation.

Video Taping & Photography

Videotaping and photography may be used to document progress during the course of therapy and may be used as a training tool for parents. They may also be used on this Center's professionally printed and internet source materials as a means of demonstrating therapeutic intervention strategies. *Signing this form gives us permission to videotape and photograph your child.* If you do **not** wish for your child to be photographed or videotaped, *please initial here:* _____

Confidentiality

In order for the therapist to share information with anyone outside this Center, the parents' approval is required. This Center also follows all guidelines and regulations set forth by HIPPA (The Health Insurance Portability and Accountability Act-P.L. 104-191).

Child's Name

Parent/Guardian Signature

Date

To Be Completed at the Time of Enrollment.

All policies have been reviewed with _____,
Parent/Guardian's Name

_____ of _____
Relationship Student Name

Date: _____ Clinician: _____ Parent: _____