



Attendance Policy

Child: _____ Date: _____

Absences: Consistent attendance is critical to progress. If a child must be absent, the session should be rescheduled within the same week if possible. Make-up appointments may be scheduled at your request if proper notice has been given. A missed session without proper notification will result in full payment for the session and potentially no make-up if another spot is not available. We have found that these policies are necessary to provide consistency in therapy and to maintain our excellent quality service. Notification policies and financial responsibility are as follows:

Missed Session Notification Requirements:

- Minimum of 3 hours for child illness.
- Minimum of 24 hours for all other absences.

Missed session: Without proper notification, full session fee applies (receipt provided but unable to issue a superbill).

Make ups: Must be completed within one week of the absence, subject to availability of therapist. If a therapist is not available to reschedule, then full session fee applies.

Cancellations/Missed sessions: ABC OT Services reserves the right to discharge services if there are more than 3 missed and/or cancelled sessions within a 6-month period. ABC OT Services also reserves the right to discharge services if payment is not received at time of service for attended sessions or absences that do not follow the notification requirements above.

Vacation Policy: A period of 2 weeks in a row total in a 12-month period is allowed of vacation in which a space will be held open, but no charges applied. Any other absences due to vacation will fall under our absence/make-up policy.

Holiday Policy: The only holidays which ABC OT Services will close, and space will be held open are: Memorial Day, Labor Day, Thanksgiving, Christmas Day, New Year's Day, and the 4th of July. Thank you for your cooperation and compliance in the attendance policy.

Consent: I understand and agree to comply with the financial, absence, make-up, and vacation policies of ABC OT Services, as stated above.

Parent/Client Signature: _____ **Date:** _____