



**SPEECH SUPERSTARS**

3115 East Lion Lane, Suite 160, Salt Lake City, Utah 84121  
www.speechsuperstars.com Email: [jennifer@speechsuperstars.com](mailto:jennifer@speechsuperstars.com)

**Attendance Policy**

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Consistent attendance is essential for your child's progress in therapy. Please remember that careful individual planning and time goes into preparing for your child's speech-language therapy sessions. Regularly scheduled appointments for speech and language therapy services occur on the same day and time each week. If you need to reschedule a session (for any reason, or an illness) please give as much notice as possible. Please call the office or email: [jennifer@speechsuperstars.com](mailto:jennifer@speechsuperstars.com) more than 24 hours in advance of your child's session if you need to reschedule.

- Any session missed as a result of a patient "no show" or late cancellation (less than 24 hours' notice) will be charged a \$50 cancellation fee.

I \_\_\_\_\_, understand that if my child \_\_\_\_\_, misses a session and I do not call or email at least 24 hours prior to my child's session time, I will be charged a cancellation fee of \$50. The fee for a missed appointment will be collected prior to (or at) my child's next scheduled appointment. I understand that I am strongly encouraged to reschedule my child's session for continued progress on his/her treatment plan.

Initials \_\_\_\_\_

I provide my consent to receive appointment text reminders for my child's therapy appointments to assist in increasing my child's attendance in therapy.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date