## Creating Communicators Speech and Language Online Consent Form

| Child's Name:  | _ Sex:   | Birth date (D/M/Y):   |   |
|--|--|---|---|
| Address:   |  |   |   |
| Parent's Name (Please print):  | Parent's Email:  |   |   |
| Skype Username:  |  |   |   |
| Creating Communicators and affiliates will provide a therapy and intervention in a group or one on one s treatment and/or consultation as deemed necessary perform any such assessment and supervision. Cons by an SLP- Assistant. This consent is valid from dat the parent/guardian withdraws consent. The parent/   | setting via<br>v. A regist<br>sultation a<br>te signed t | telepractice. Participation in<br>ered speech and language p<br>nd speech language treatme<br>intil either the services are r | an assessment,<br>pathologist will<br>ent will be provided<br>no longer required or |
| I also authorize:  |  |   |   |
| <ul> <li>The release of all pertinent information to Creati information, past speech language information, to assist in the implementation of an appropriate.</li> <li>The release of information obtained during spee to the referral source.</li> <li>The use of digital recording (for the use of Creat intervention, as it may be necessary for progress treatment program.</li> </ul> | any other<br>e evaluation<br>ech and lar<br>ting Comm    | testing, or information from<br>on and treatment program.<br>Inguage assessment, treatme<br>nunicators' only) during testi    | other professionals)<br>ent and intervention<br>ing and/or                          |
| Signature (Parent/Guardian)  |  | Relationship  |   |
| Witness Signature  |  | Witness Name (Please Prin   | it)   |
| Date effective (D/M/Y)   |  |   |   |
| If you have any questions regarding our assessment or trea or email m.   | atment proc  | ess please call Mindy Olson-Pizze   | / at 780 805-6645   |
| Creating Communicators<br>Speech and Language Consultation Services  |  |   | Creating COMMANCATORS   |

# <u>Creating Communicators Online Therapy Information:</u> Please keep this copy for your information

### Session information:

- \* Thank you for choosing Creating Communicators I look forward to working with your child to reach their speech, language and academic goals!
  - \*Speech and language sessions target your child's therapy goals. I will require a copy of their assessment report, and/or latest copy of goals/ treatment plans and/or a copy of their last progress report. It is best if your child has had an assessment within the last 12months and is at least 5 years old.
  - \*During sessions we will target any speech (articulation or "sounds" that they need help with), language (grammar, vocabulary, concepts/prepositions, following directions, auditory memory, etc.) or reading goals that require extra support.
  - \*Some of your sessions will be recorded and viewed to the supervising Speech Language Pathologist: Roxanne Robertson (780) 446-7390.
  - \*Sessions run for 30 minutes and are recommended twice weekly, however, clinician will use discretion to discontinue early session due to behavior or other circumstances. Depending on progress, treatment sessions can last from 6-8 weeks.
  - \*Please provide a quiet environment for your child to access online speech therapy that is free of background noise and distractions.

#### Online Information:

Skype: You will need to have skype downloaded on a pc and have a skype username set up. Please add me, mindy.pizzey, as a contact or send me a request to add me.

When you are online please change online status to online so I know that you are available.

#### Billing & Payment:

- \*You can be billed weekly or biweekly- please let me know your preference via email or text. You will be sent an invoice via email with the option to pay email money transfer, pay pal (mindy@creatingcommunicators.com), credit card or send a cheque to:
  Creating Communicators
  General Delivery
  Chisholm, AB
  TOG ONO
- \*When you are unable to give 24hrs notice for a scheduled appointment you will be charged the \$40. You will be sent a confirmation email or text of your next 2 scheduled appointment times. I will try my best to accommodate your child's needs and schedule them accordingly. You can reach me at 780-805-6645 or mindyopcc@gmail.com.
- \* Sessions generally take place for 30 minutes between Monday to Fridays from 3:30 and 7:00 p.m.

If you have any questions or concerns please feel free to contact me.

Mindy Olson-Pizzey

(780)805-6645

mindyopcc@gmail.com