



CONSENT FOR SERVICE

I consent to assessment and/or speech and language intervention/consultation. I have been informed that there will be an hourly charge for all services. I agree to the terms of payment.

Client Name:	Date of Birth:
Address:	Telephone:
	Email:
Parent/Guardian (Please print)	

SERVICE PLAN

In consultation with the Speech-Language Pathologist I agree to the following service plan:

	Direct therapy with a Speech-Language Pathologist
	Parent Skill Training for:
	Home-based services
	Consultation and support strategies
	Assessment and report (Minimum 2.0hr charge will apply)

Session schedule: ___ Weekly ___ Bi-weekly ___ Monthly

PAYMENT

- One time \$55.00 Administration/Setup Fee will be charged on the first month's invoice.
- Therapy Sessions: \$140.00/hour (45 min direct time and 15 minutes indirect time will be billed each session).

- If the location of the session is located outside of Calgary there may be a travel fee.
- An invoice will be emailed each month. Omission of payment will result in services being discontinued until your account is up to date.
- Payment by Cash, Cheque, or Email money transfer.

Parent/Guardian Signature

Date