

COMMUNICATION STATION LLP
Pediatric Speech-Language Therapy

Parent Handbook

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Welcome to the Communication Station Family!

We are delighted to have your child receive speech-language therapy services from one of our talented speech-language pathologists. We take pride in delivering the highest quality of services in a warm and friendly environment. We are dedicated to helping the voices of the children in the Hudson Valley be heard.

We co-founded Communication Station, LLP. in August 2015. Together we have 30 years of combined experience working with Preschool children ages 3-5 years old. We also offer after speech-language therapy services to school age children. Our speech-language pathologists have experience working with children with a variety of communication disorders including Articulation/Phonological disorders, Language Delays, Apraxia, Autism, Hearing Impairment, Down Syndrome, and Oral Motor/Feeding concerns. We pride ourselves on our experience and ability to work with children with varying communication needs. We love learning about our profession and are always looking to enhance our services through continuing education and innovative therapeutic ideas.

We welcome any questions or concerns that you may have in regards to your child's treatment or speech-language pathologist. Thank you for entrusting us with your child. We look forward to seeing and hearing your child's speech and language progress throughout the year.

Gratefully,

Holli Teshome, MS/CCC-SLP & Tara Connell, MS/CCC-SLP

Co-Founders & Speech-Language Pathologists



POLICIES AND PROCEDURES

Attendance/General Policies

1. Consistent and timely attendance is necessary for your child's progress.
2. If you are unable to keep your child's scheduled appointment, you must contact your child's provider prior to your appointment. We encourage make-up sessions, pending therapist availability. Your child's speech-language pathologist is required to schedule make-up sessions that he/she cancels. Your provider will make every attempt to schedule make-up session cancelled due to your family or weather.
3. As per County regulations, **make-ups must occur within the dates of service listed on your child's IEP.** There are no make-ups allowed for services that are provided five days per week.

Delivery of Services

All decisions regarding the delivery of services are indicated in your child's Individualized Educational Program (IEP). Please read the IEP very carefully. Communication Station, LLP will be following your local school district's calendar.

Makeup Policy

Preschool services **cannot** be provided on any day listed as *holiday* or *school closed* on your school district calendar.

These holidays include: New Year's Day, Dr. Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day and Christmas Day.

We can however, attempt to provide individual services on a different day during that week, if schedules permit. The only holidays that services can be scheduled or made up on are Lincoln's Birthday, Washington's Birthday, and Election Day. If your local school district's calendar indicates "Superintendent's or Teacher's Conference Day", services can be provided since the school district is still open. If your school district closes for a Snow Day, services may be provided in the clinic if the office is open or if your therapist is willing to drive to your child.

If a speech-language pathologist cancels a session for any reason, he or she must make it up to the best of their ability. If a child's family cancels a session for any reason, makeups are not required but will be attempted based upon availability by your speech-language pathologist.

If there is an excessive amount of missed sessions, your child's school district will be notified.

Moving – From one District to Another District

You must notify Communication Station, LLP one month prior to moving from one district to another district to ensure no lapse in services. If Communication Station, LLP is not notified, parents will be financially responsible for any services rendered after the move. ***You must withdraw from your current school district and register at your new school district (bring current IEP) as soon as possible.***

Office Policy

As per our landlord, for any families who receive service in the Communication Station Office please note the following:

1. Families are not allowed to park in the back parking lot. It is for the office staff only.
2. Families may only enter and exit the building using the main door.
3. Please encourage your child to use their walking feet in the office and out in the hallways of the building.

Record Access

All information in your child's file is confidential. You as the parent or legal guardian have the right to access the file at any time. If you need any records from your child's file, you may call Communication Station, LLP at 845-294-4787 to request a copy of your child's records. At that time a written request must be submitted.

Therapy Specifics

1. Discussion of your child's progress and parental participation is considered an *essential part* of the therapy process. Formal reviews of progress reports or annual reviews will take place in accordance with the schedule designated on the IEP.
2. You must complete, sign and return all included forms at the first session.



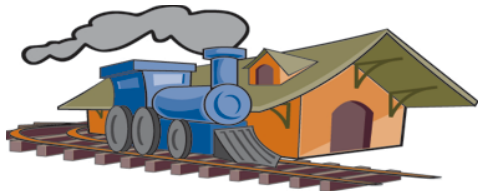
SICK CHILD AND WAITING ROOM POLICY

In order to avoid spreading germs and re-infecting children and staff, please follow these guidelines:

- * Child must be fever-free for 24 hours.
- * If there has been vomiting/diarrhea, your child must be symptom-free for 24 hours.
- * Please cancel your child's session if they have an infectious disease including, but NOT limited to, strep, pink eye, lice, and ringworm.
- * If your child will not be in for a scheduled appointment, call the office 24 hours ahead of time, or as soon as possible. Make ups will be provided according to therapist's availability.
- * If your child appears ill during the session, you will be notified by your child's service provider.

Remember, you are the parent and if your child is sick they need to stay home, even if they want to come to "play".

We appreciate your cooperation in this matter.



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OUR SPEECH THERAPY SERVICES

Name: _____

My Child's Speech Therapist: _____

My Child's Speech Therapy Session Times and Days: _____

Location of Services: _____

NOTES:



POLICIES AND PROCEDURES PARENT ACKNOWLEDGEMENT FORM

I have received a current copy of Communication Station, LLP Policies and Procedures.

By signing below, I acknowledge that I have read and will comply with all policies and procedures, including the Sick Child and Waiting Room Policies.

Since policies and procedures are subject to change, I acknowledge that revisions may occur. All such changes will be communicated to me through official notices. I understand that all revisions supersede, modify or eliminate existing policies.

Child's Name

Date of Birth

Parent Signature

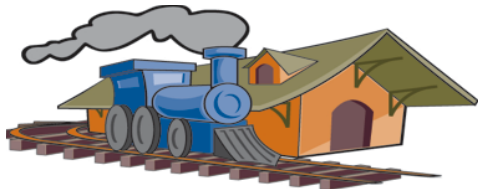
Date

Email Address

FOR OFFICE USE ONLY:

Acknowledgement Form
 Child Information Form
 Allergy Plan, if applicable

Email/ Text Form
 Provider & Family Agreement



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CHILD INFORMATION

Child's Name: _____

Child's Home Address: _____

Child's Home Phone: _____

Mother's Name: _____ Father's Name: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Work #: _____ Father's Work #: _____

Mother's Email: _____ Father's email: _____

Guardian Name/Relationship: _____

Guardian's Cell: _____ Guardian's Work: _____

We must have 3 additional emergency contacts:

NAME	RELATIONSHIP	TELEPHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Medical Alerts Please list any medical conditions (asthma, diabetes, seizures, etc) your child has:

Allergies -Please list any allergies (foods, latex, etc.) your child has – please be specific:

It is your responsibility to notify each therapist of your child's allergies and/or medical conditions/alerts. If there is a change in medical status of your child, please notify you speech-language therapist and Communication Station, LLP. immediately. **If any allergies are indicated, please complete the included Allergy Plan Form.**

Pediatrician Name/Phone: _____



Early Intervention/Preschool Program Provider and Family Agreement

As a provider of services to children in your municipality Early Intervention Program or Preschool Special Education Program, I am bound by a Code of Professional Ethics. It is important that the families of the children I provide services to understand the professional standards that are incorporated in this code and that we enter into an agreement to assure that the standards are followed.

I will:

- * Provide services to the best of my ability based upon my training and credentials;
- * Maintain all information to protect the privacy of your child and family;
- * Make every effort to follow the schedule for service provisions;
- * Make timely efforts to make up missed sessions per the county's make up policy;
- * Advise you ahead of time if I am going to be absent for an extended period of time and call ahead of time if sickness prevents me from providing a daily service;
- * Maintain accurate records of the services provided and bill only for those services provided;
- * Provide you with accurate reports of your child's progress;
- * Not accept or make cell phone calls or text messages while providing services, unless used in an emergency situation;
- * Not participate with families in social media (Facebook, LinkedIn, etc.)
- * Work cooperatively with other members of the Early Intervention Program or Preschool Special Education Program team;
- * Work with you and other family members towards developing strategies you can use to meet the IFSP or IEP;
- * Not bring toys or other materials into your child's natural environment unless otherwise specified in your child's IFSP;

Please understand and comply with the following professional boundaries and responsibilities:

- * I am not allowed to work for you in any capacity other than to provide Early Intervention or Preschool Special Education services to your child as authorized on the IFSP or IEP.
 - * For Early Intervention service provision, I am not allowed to be left alone with your child. A person over the age of 18 must be present and participate in the Early Intervention services.
 - * I am not allowed to transport you or your child anywhere or at any time.
 - * Our relationship is a professional one. It is not appropriate for me to accept gifts or meals and it is not appropriate for me to be involved with you in personal activities such as birthday parties or family events.
 - * I am legally obligated to report any suspicion of neglect or abuse of the child.
 - * I can give you a list of resources but cannot make specific recommendations

I have read this agreement and understand the professional boundaries that my provider is required to follow.

Name of child: _____

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

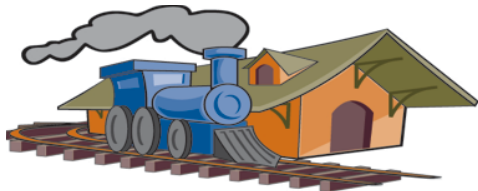
Date

Name of Provider (please print)

Signature of Provider

Date

Cc: Parent
Child's record



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Parental Consent to Use E-mail & Text Messages to Exchange Personally Identifiable Information

Parent's Name: _____

E-mail Address: _____ Cell Phone Number: _____

Child's Name: _____ DOB: _____

You have chosen to communicate personally identifiable information concerning your child's treatment by e-mail and text messages without the use of encryption. Sending personally identifiable information by email and text messages has a number of risks that you should be aware of prior to giving your permission. These risks include, but are not limited to, the following:

- E-mail and text messages can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
- E-mail and text message senders can misaddress an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail and text messages sent over the internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail and text message content can be changed without the knowledge of the sender or receiver
- Backup copies of e-mail and text messages may still exist even after the sender and receiver have deleted the messages.
- Employers and on-line service providers have a right to check e-mail and text messages sent through their systems.
- E-mail and text messages can contain harmful viruses and other programs.

Parental Acknowledgement and Agreement

I acknowledge that I have read and understand the items above which describe the inherent risks of using e-mail and text messages to communicate personally identifiable information. Nevertheless, I, _____ authorize _____ whose email and phone number is _____ to communicate with me at my email address or phone number, _____, concerning my child's participation in the EIP (Early Intervention Program), CPSE or CSE. Including but not limited to communication, regarding service delivery, his/her progress of the IFSP or IEP and any other related matters. I understand that use of e-mail and text messages without encryption presents the risks noted above and may result in an unintended disclosure of such information.

Signature

Date

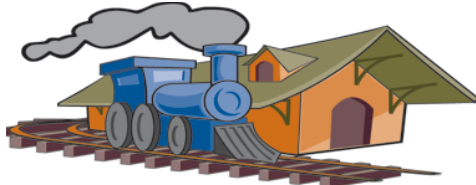
In addition, I give permission for members of my child's treatment team to communicate personally identifiable information concerning my child with each other using unencrypted e-mail and text messages. Team members who I give permission to use unencrypted e-mail and text messages to communicate with each other about my child include:

(1) _____ e-mail/phone number _____

(2) _____ e-mail/phone number _____

Parent's Signature: _____

Date _____



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ALLERGY PLAN FORM

To be filled out by Parent and Provider:

Child's Name: _____ **DOB:** _____

Known Allergy(ies): _____

Child's typical reaction to exposure to allergen: _____

Indications that child is having an allergic reaction: _____

In case of emergency, provider will:

1. _____

2. _____

3. _____

4. _____

Name of Person(s) to be contacted: _____

Phone #: _____

Signature of Parent

Signature of Provider

Date: _____

Date: _____