

# Focus Therapy Services, Inc.

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P.O. Box 12192, New Bern, NC 28561  
Main Office: 252-672-8676, Bayboro Office: 252-745-5500  
Fax: 252-672-8677, [www.focustherapy.org](http://www.focustherapy.org)

## Attendance Policy

Focus Therapy is dedicated to helping your child reach their goals through the therapy services we provide. However, progress toward goals can only be made with your help! Attendance plays a very important role in therapy progress. His or her success will depend on prompt and consistent attendance in therapy. The following are our expectations:

1. Please make sure that you attend your scheduled therapy appointments.
2. Please arrive on time to your therapy sessions. **Parents or guardians must remain in the waiting room with their children until the therapist picks him or her up**
3. Your session will include time to discuss the therapy session itself. Home programming is very important! Please be available for discussion the last **ten** minutes of your child's therapy session.
4. If you will not be on time for a scheduled appointment, please contact your therapist or the front office to see if he or she can still see you. If you arrive late for your appointment, the length of your appointment may be shortened due to the therapist's schedule.
5. If you will be unable to attend a scheduled appointment, please notify the front office at least 24 hours prior to your appointment, or as soon as possible.
6. If you do not come to an appointment and you do not call us that is considered a "broken appointment". If **2 out of 5 appointments** have been canceled or "broken" your therapist may need to offer you a different time depending on his or her schedule.
7. Please **do not** bring your child to therapy sessions if your child:
  - Is in the contagious stage of a communicable disease, such as chicken pox or whooping cough
  - Has uncontrollable diarrhea or vomiting
  - Has a fever greater than 101 degrees
  - Has been diagnosed with strep throat or pinkeye (until 24 hours after treatment has started)
  - Has an untreated infestation of head lice or scabies.

**I have read and understand the above appointment policies.**

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Parent/Guardian Signature

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Date