



Schedule Change/Termination Request

INSTRUCTIONS: Please complete and sign this form for each service at least two (2) weeks (i.e., fourteen [14] days) in advance of your request for a schedule change. Fill in, in its entirety, the **information block** below. Then, complete section **A or B** as applicable. Kindly note that we will only contact you about this request when it can be granted; however, you may contact us if you have questions. Thank you for your ongoing understanding and support.

I am **requesting a change** in my child's schedule. My child _____ is currently seen by _____
(Child's Name)
 _____ for **(Check Only One):**
(Therapist's Name)
 _____ Speech-Language (SL) _____ Occupational (OT) _____ Physical (PT) _____ Academic Support
 once weekly on _____ at _____ a.m./p.m. **or**
(Day of Week) (Time)
 twice weekly on _____ at _____ a.m./p.m. **and** on _____ at _____ a.m./p.m.
(Day of Week) (Time) (Day of Week) (Time)

A. **I am requesting that my child's schedule be changed** as follows:

i. Please check **ALL** that apply:

_____ Time of service(s) from _____ a.m./p.m. to _____ a.m./p.m.

_____ Day of service(s) from _____ to _____

_____ Frequency of service(s) from _____ times weekly to _____ times weekly

_____ Other (please specify) _____

ii. If this change **necessitates a change in provider**, then I wish to *(Check One)*:

_____ Wait until the current provider has an opening – no matter how long it takes

_____ Change the schedule as soon as the time below comes available

iii. **I would like for this change to be effective on** Day _____ Date _____

iv. Until this change is effective, I wish to *(Check One)*:

_____ Continue services as currently schedule _____ Terminate services **(Please complete section below)**

*I fully understand that because the Center has many schedule change requests, that the Center **cannot** guarantee that the schedule change will occur on this date. Additionally, I understand that as a result of this request for change in my child's therapy schedule, an interruption in service may occur. If the Center is unable to accommodate my request, then I understand that my child may be placed on the Center's waiting list.*

B. **I am requesting that my child's services be TERMINATED effective on** Day _____ Date _____

because _____

*I understand that **submission of this form two (2) weeks (i.e., 14 calendar days) in advance is required** and that I am financially responsible for any and all appointments scheduled, and charges incurred through the termination date. If the required termination notice **is not** provided to the Center, then I understand that I will be charged a termination fee (i.e., regular/full session rate) for **each** appointment during the two (2) week period. I further understand that making appointment cancellations in lieu of attendance and verbal requests to terminate services **are not** accepted.*

Print Parent/Guardian Name

Parent/Guardian Signature

Date