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Therapist Agreement

At First Adventures Academy we strive to create a place where every child can be successful in a childcare setting. We also want each child to get any help that they might need to be prepared for Kindergarten and beyond. We always encourage therapists to come into the center to work with children who are having a difficult time participating in a classroom setting. In order to facilitate a healthy working relationship between families, therapists, and teachers we have created the below guidelines. We ask that you share this information with any and all therapists that might be working with your child at the center.

- All schedules for therapists should be shared with the Director or Assistant Director. The therapists should have our contact information to call the center the day of with any changes.

- Only one therapist will be permitted in a classroom at a time. THIS IS NOT NEGOTIABLE.

- Any therapy being done should be done in the classroom and not interrupt the routine of the class. The goal for therapy here is to help them be a part of the classroom setting.

- All therapy done at the center should be relevant to the child's participation in a classroom setting on a daily basis. Therapy that is one on one should be done at home. We do not have a therapy room or space that one on one therapy can be done in.

- We very much appreciate any and all advice that the therapist might give. Unfortunately, teachers have many other kids in the classroom and are not able to devote one on one attention to the therapist. We ask that therapists jot down notes to leave with the teacher or set up a time for a one on one phone call with the teacher at a time convenient to both parties.

- We will not interrupt the child's day. Should a therapist come into the center and a child is participating in a specific activity, eating, sleeping, etc. we will not stop feeding a child or wake a child up for therapy. We follow a schedule throughout the day and will let the therapists know if the time they have chosen is in the middle of a specific activity.

I have read and understand this policy and agree to follow these procedures when providing therapy services at First Adventures Academy.

Therapist Name: _____

Signature: _____ Date: _____