



# "BEND YOUR BRAIN"

## Social Learning Groups

### Policies/Procedures



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STUDENT'S NAME:

\_\_\_\_\_

Social Learning Group Parents –

As we have spoken about from very beginning, Social Learning groups require a commitment on everyone's parts- mine, the students, and the parents. If one of those bonds is weak, it weakens the group for everyone. This impacts the effectiveness of the groups and the progress of each student. In order for our groups to be successful and move forward, attendance must be consistent.

Please review the below policies and procedures, and sign where indicated:

#### PAYMENT:

A prepayment policy of 4 sessions (=\$400.00) at the start of the first session (of each payment period).

Based upon the many requests, we will now accept payment by credit card or debit card, in addition to cash or check. If by check, please make it payable to "Bend Your Brain, Inc." Master Card, Visa, Discover Cards, and American Express.

With your approval below, we will send you out a paid invoice via email.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If you did not sign above, we will mail it to you.

## INSURANCE:

We do not accept payment through insurance providers. We will, however, provide you with the codes and information that you need in order to seek reimbursement from your carrier. Should your insurance company require updates over the course of a year, you will not be charged for the first update. For any additional updates for that year, you will be charged based upon an hourly fee depending upon what the insurance company is asking for. Minimal charge is \$135.00 for 1 hour.

## OVERALL ATTENDANCE:

Keeping in mind the need for consistent group attendance, the absentee policy is as follows. You will be allowed 2 (two) absences from September 15, 2017-January 30, 2018. That is approximately a 15% cancellation rate. NOTE: **Students starting after November 15, 2017, there will be 1 allowed absence through January 30, 2018 (Holidays like Christmas/New Year's will not be counted towards the absences.**

For February 1, 2018-June 30, 2018, there will be 3 (three) absences allowed and you will not be charged. You will be charged for missed sessions above that.

Religious holidays will be counted as excused absences and will not be counted towards the two absences.

## CANCELLATION POLICY:

If you are unable to make your appointment, you must notify us twenty-four (24) hours in advance of the session. We understand that there are circumstances beyond a family's control both in terms of time and situation (i.e. illness, death in the family, illness of a family member), and we will take that into consideration when determining, at our sole discretion, whether to excuse a family's payment for a missed appointment.

In the event that you miss a session without providing sufficient notice, you will be charged in full, for that appointment.

It is important that all students enrolled in a group attend that group on a regular basis, and arrive on time for their sessions. Absenteeism not only prevents your child from participating in therapy. It also impacts the rest of your child's group.

If a student is consistently absent from his/her group, we will determine, in our sole discretion, whether to discontinue that student's enrollment in our groups. Again, excessive absenteeism impacts all students in the group, and it is essential that all students attend the sessions and arrive on time.

On the rare occasion that a student is the only individual to attend a group session on a given day, that student will receive the benefit of a 1:1 session, but will still only be charged at the group rate.

For any sessions we cancel, you will not be charged. If possible, it will be made up.

Carpooling- Carpooling among parents in the group may be a way to help each other out should you have transportation problems on a particular day.

**SCHEDULE:**

Our schedule is not based on any public or private school calendar. We generally have sessions regardless of school vacations. If all group members are in agreement, we can adjust a session time during school vacations.

At our sole discretion, we may change the makeup of a particular group. Please know that any decision we make to alter a group is based upon our professional judgment of what will serve to benefit each student.

We run a different schedule over the summer, and will do what is feasible to accommodate each family’s preferred session time. We cannot, however, guarantee a particular day or time for a student. We base our decisions, primarily, on what we believe to be an effective group structure.

It is very difficult to reschedule a group given our schedule and each student’s commitments. We will, of course, with each family’s cooperation, try to reschedule a particular session, but we are often not able to do so.

**OUTINGS:**

When a particular group goes on an outing, each family must furnish transportation to the location. We cannot provide transportation from the office for our students. Each outing is treated as a weekly session and will be charged accordingly.

**WEATHER/OTHER CLOSINGS:**

If the office is closing or closed because of inclement weather, or due to unforeseen circumstances, we will make every effort to contact you in a timely manner. Should you have any question about office closure, please call my direct cell phone 973-420-6707. You should also check your email for any information regarding your child’s session.

The office will be closed for Thanksgiving Day, Christmas Day, and New Year’s Day. Any additional office closings for the year will be advised ahead of time.

**ADDITIONAL INFORMATION:**

- 1. There is a ten (10) minute wrap-up at the conclusion of every session. If you must leave during the session, please plan on returning at least fifteen (15) minutes prior to its conclusion. Please provide us with your cell phone number so that we can reach you if you do leave the office.

**Cell Phone Number:** \_\_\_\_\_

You understand that the situations during the sessions regarding student responses will be discussed with all parents present. Situations that I deem personal will be discussed individually with that particular parent either by phone or after the other parents leave.

\_\_\_\_\_

**Parent/Guardian**

\_\_\_\_\_

**Date**

2. We encourage you to share any of your child’s experiences that occur outside of the sessions (you can email or call me) so that we might be able to address it in the group setting. We will not “single out” your child, but it might be helpful for your child, and for his/her peers, to learn from actual experiences.
3. We are readily accessible to all families, and you should feel free to email or call your child’s instructor with any questions or comments. We respond to all questions and comments as soon as our schedules permit.
4. We have worked with many students and have seen our students make progress in our program. We cannot, however, guarantee a particular outcome for your child. We make careful decisions regarding the appropriateness of the program for each student, but we cannot state with complete assurance that your child will make progress in his/her group.
5. We also may decide after working with your child for a period of time that our program will not serve to benefit your child. In the event we make that determination, we will meet with you to discuss our opinion, and to review alternative options.

6. Use of Images:

I understand that Bend Your Brain Inc. may videotape or audiotape a session and playback the session for instructional purposes. I am aware that the instructor may also review the recordings to assess the students and to develop reports. I further understand that the recordings and/or photographs will be used solely for the purposes described in this paragraph.

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**Parent/Guardian**

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**Date**

7. Website:

I hereby authorize Bend Your Brain Inc., to post my child’s accomplishments on the website [www.bendyourbrain.com](http://www.bendyourbrain.com). I am aware that Bend Your Brain Inc., will only use my child’s first name and will only post what Bend Your Brain Inc., believes is appropriate for the website. If you are not comfortable with this, that is fine. Just don’t sign this and make me aware of this. Posting these on the website is for you child (and family) to see in “black and white” their positive accomplishments and the wonderful affects it has on others.

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**Parent/Guardian**

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**Date**

8. Observations:

At times, we will allow outside professionals to conduct observations of a group session. We will not allow an observation if we feel that it will be disruptive to any student, and we reserve the right to limit the frequency and duration of any observations. We will grant observations, on a case-by-case basis, at our sole discretion, in a manner that avoids disruption, and with written consent from all the parents in the group.

I have read the above statement regarding observations and hereby consent to observations of my child's group by third parties. I understand that Bend Your Brain Inc. will notify me in advance of my child's session if there will be an observation on a particular day (and subject to your approval).

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Parent/Guardian

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Date

**I have reviewed the above-described policies and procedures and I am in agreement with all terms contained in this document.**

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Parent/Guardian

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Date

**Please return a signed and dated copy to me.**

**If you have any questions about anything discussed above, please feel free to call me.**

I continue to look forward to working together as a team.

**Alana Fichtelberg, M.A., CCC-SLP  
Speech/Language Pathologist  
Social Thinking® Level 1  
PROMPT® Levels I and II  
Social/Cognitive Therapist**