

Speech Pathology

Pediatric Feeding Therapy Parent Agreement Form

1. Therapy sessions are 40 minutes in length including education and counseling.
2. Parent/caregivers are required to participate in training for the entire session; therefore no other young children can attend appointments.
3. Parents/caregivers are responsible to bring agreed upon foods/drinks and utensils to scheduled therapy sessions.
4. Parent/caregivers are making a commitment to practice and carryover trained techniques in the home setting as it is a critical component of success in improving feeding skills.
5. Parents/caregivers will agree to attend the 6 session therapy program (typically over a 2 to 3 month time frame) that follows a specified plan to train techniques and skills required to address your child's feeding goals.
6. If you have specific questions, issues, or concerns that you would like to address, please let the clinician know at the beginning of the session, so that the proper amount of time can be allotted.
7. If the 6 session feeding program designed for your child is interrupted due to poor attendance and/or home carryover, therapy services will be discontinued.
8. We appreciate your compliance in attendance and arriving on time for your scheduled appointment. Late arrivals or cancellation of an appointment may result in a lost session.

Program Overview: The clinician will begin the program by educating and providing models of specific techniques and strategies. Hand-over-hand training from the clinician will facilitate parent/caregiver involvement in therapy. Once the skills have been taught, the parent/caregiver will implement the skills to carryover in their home setting with continued therapist's guidance. Success/failure of any technique/strategies will be discussed in sessions with the clinician for continued problem solving to adjust to the individual needs for your child. As the parent/caregiver training continues, the clinician will fade prompting to allow for independent feeding by the parent/caregiver. The parent/caregiver will use their trained skills to carryover the therapy in their home and continue to facilitate improvement in their child's feeding abilities. For some children it can take a longer period of time for improved feeding skills to develop and if indicated a follow up reassessment will be discussed on completion of the 6 session parent/caregiver training program.

I understand and agree with the above agreement terms to achieve the best outcome in the feeding training program for my child.

Parent/caregiver Signature: _____ Date: _____