



"A Distinctive Model for Embracing Children."

Consent for Therapist Attendance

Child's name _____ Parent's Name(s) _____

My child has received an assessment from NJ Early Intervention Services and will be receiving the therapies listed below. I request that my child's therapist be permitted to provide services at Minding Miracles during his/her normal school hours. I agree to inform the professionals who work with my child of the following policies:

- * Therapist who attend Minding Miracles, but are not employed by the center must show identification and sign-in upon arrival.
- * Therapist credentials must be kept on file at the center.
- * Scheduling must be directly reported to Minding Miracles by the therapist, and is subject to approval.
- * Cancellations by the therapist must be directly reported to Minding Miracles.
- * Parents are responsible for reporting closings, delays or child absence directly to the therapist on scheduled days.
- * Parent communication regarding the child's session, progress or needs is the therapist's responsibility.
- * A copy of the child's IFSP must be kept on file at the center.
- * In-center sessions must be limited to 60 minutes and must not interfere with the normal operations of Minding Miracles classroom schedule.

Type of Service	Therapist name	Therapist Contact Information	Scheduled Days (Please circle)	Scheduled Times
			M T W Th F	
			M T W Th F	
			M T W Th F	
			M T W Th F	

Name of agency providing services: _____

Does your child have a formally diagnosed developmental disability? _____

If yes, please state the diagnosis: _____ Date of diagnosis: _____

Diagnosing physician: _____

By signing this document I give Minding Miracles staff permission to share information about my child with the professionals listed on this form.

Parent Signature

Date

90 Spring Hill Road * Matawan, New Jersey, 07747 * 732-316-4884(ph) * 732-316-1385(fax)
 45 Appleton Avenue * Leonardo, New Jersey, 07737 * 732-291-0810(ph) * 732-291-0502(fax)
 1690 Highway 35 * Middletown, New Jersey, 07747 * 732-671-5500 * MindingMiracles@aol.com