



# Partnership Agreement

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

Therapy is most effective when provided in partnership with families and caregivers. Therapists are here to help you help your child's development.

## Our Responsibilities:

- To treat you and your child with respect and dignity.
- To protect your child's privacy, keep your child's information confidential and protect your child's safety.
- To include you in decisions about your services and regularly review goals and progress.
- To provide services based on your child's needs and goals under current service models.
- To empower you with suggestions or home plans that you can do to help your child in achieving the goals that we will design together.
- To provide you with information about other services that could benefit you and/or your child at KidsAbility and in our community.
- To provide appropriate, high-quality services to your child and support to your family while your child is eligible to receive care at KidsAbility.

## Your Responsibilities:

- To treat staff, volunteers, students, other clients and the property of KidsAbility with respect.
- To be an active member of your child's therapy team. This includes setting goals, practicing during the session, and following through with programs at home.
- To be part of therapy planning. This includes reviewing your child's progress, identifying needs and planning future services.
- To attend your appointments or to call your service provider as soon as possible if you cannot.
- To remain at KidsAbility during appointments, unless otherwise advised.
- To understand that if you cancel an in person appointment, we will arrange to conduct the appointment over the phone or virtually. If you need to cancel several appointments, or if you don't show up for appointments, your service provider will work with you to review your options or you may be connected with our Intake Program-Readiness Support for families.
- To respect that KidsAbility has limited resources to help the children and families who need our care. When you miss an appointment without letting us know, it is time that could have been spent with another child who may be waiting for services.
- To communicate with your child's team any concerns or questions that you may have.

I, \_\_\_\_\_ understand that I am an important part of my child's team. I am in agreement with my therapy plan. I understand what KidsAbility's responsibilities are to my child and my family, and will do my best to uphold my responsibilities too.

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

\_\_\_\_\_  
 Date

