

## ***Gio's Garden Individual Therapy Program***

Gio's Garden offers individual sessions to work one on one with children on developmental goals and topics as determined by the families and Gio's Garden staff. Topics for individual sessions might include learning/ cognitive goals, motor skills, sensory regulation, social skills, etc. The Therapy Team consists of Art Therapists, Recreation Therapists and graduate students and staff in varying special needs fields.

### **Learn More:**

*Recreation Therapy* is the meaningful use of recreation and leisure activities to assist your child in achieving goals. Goals can include fine and gross motor movement, sensory integration, social skills, relaxation techniques, emotional awareness, safety and community awareness as well as others depending on the needs of each child.

*Art Therapy* focuses on the therapeutic use of art-based techniques to achieve individual goals and encourage cognitive, emotional and behavioral development. Art therapists will provide art experiences that are created for your child that focus on social skills and behavior, fine and gross motor development and sensory integration.

## ***Individual Therapy Program Policies & Procedures***

### *Scheduling:*

Children can have a maximum of two 1-hour sessions each week. Sessions can be scheduled Monday through Friday. It is recommended that a minimum of four sessions be scheduled within a month to maximize success. Families will work with Program Coordinator on scheduling these services and they can be started and stopped anytime throughout the year.

*NOTE: Therapy hours are NOT included in the number of respite hours you receive each week.*

### *Fees & Cancellations:*

There is a fee of \$20 per session. Sessions will be billed at the end of each month of service. Payment is due to Gio's Garden within 15 days of receipt. If fees are not paid on time, scheduled sessions will be cancelled until payment is made.

Outside funding sources (ie FSRC) may be able to cover the fees of these sessions. Often times these sources must be pre-authorized. You are responsible for contacting funding sources prior to signing up. Please inform Gio's Garden staff if your funding source changes at any time.

Cancellations without 24 hours notice of session time are subject to a \$10.00 fee for staff time. If a child misses three of their scheduled shifts, a discussion with Gio's Garden Senior Staff will take place to determine if the child can continue in the Individual Therapy program.

## Gio's Garden Individual Therapy Registration Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Number of sessions requested: \_\_\_\_\_ per week: \_\_\_\_\_ per month: \_\_\_\_\_

Number of months requested: \_\_\_\_\_

*NOTE: The TnT Program can be started and stopped at any time throughout the year. These hours are not included in your respite hours.*

**Please rank your preference of scheduled times for Individual Therapy sessions.**

Staff will try to accommodate preferences, but schedule will be determined by availability of Therapy staff.

Example: If you prefer Tuesday AM, put a 1 that box. If your second choice is Thursday PM, put a 2. And so on.

If your child is not available during a time, do not mark anything in that box.

Day	Morning	Afternoon	Evening
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			

**Goals:**

Staff will work with the parents in the weeks prior to determine goals for Individual Therapy sessions. This may include the staff using or completing a developmental assessment, looking at prior assessments shared from the parents from other providers, and additional feedback from the families. Please share your initial thoughts on goals that you would like to discuss:

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**Fees & Cancellation Policies:**

Sessions will be billed at the end of each month of service. Payment is due to Gio's Garden within 15 days of receipt of invoice. I understand that if fees are not paid on time, future scheduled sessions will be canceled until payment is made. I also understand that cancellations without 24 hours notice of session time are subject to a \$10.00 fee for staff time. This fee will be added onto the monthly invoice.

I understand and agree to the fees & cancellation policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Billing Information:**

Name: \_\_\_\_\_ Contact Name (if any): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Office Use Only:**

Initial Schedule:

Therapy Staff:

Date Received:

Notes: