

Parent/Guardian Involvement Consent and Contract

I consent, as my child's parent/guardian, to be involved in his/her music therapy treatment. I will communicate my child's needs and my expectations to achieve maximum therapeutic services for my child. Involvement may include, but is not limited to:

- 1.) Generalization of treatment into the home environment.
- 2.) Generalization of treatment into the classroom.
- 3.) Sharing of past records.
- 4.) Attending sessions.
- 5.) Actively participating in sessions.
- 6.) Being available during the time of the sessions.

If for any reason, a session should need to be cancelled, 24 hours notice will need to be given. If 24 hours notice is not given, payment for the session will need to be made at the time of the next session.

Parent/Guardian

Date

Parent/Guardian

Date