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**EVALUATION CONTRACT**

PLEASE READ ALL THE INFORMATION ON THIS FORM.

Thank you for selecting my office for an evaluation. Since my evaluations are very detailed and specialized it is important that I take extra care in booking your appointment and reviewing your records.

1. Please be advised that you must send a deposit of $150 (check or money order) within 7 days of in order to secure appointment times for both the virtual intake and the live evaluation.
2. Please arrive for your evaluation with ample time for travel but ask that due to the setup of my office and privacy of each child, that no one enters the clinic prior THE EXACT TIME OF the designated session Please have your child wash their hands in the bathroom when entering the office. **Initial \_\_\_\_\_\_\_\_\_**
3. Parking is available in a lot located behind my office or on the street. Use the spot “speech only” or any spot that does not have a sign.
4. I highly advise you review the directions to the office provided on my website as navigation is not always accurate. If you are late, I cannot go past the end time due to other patients.
5. Please make sure you come prepared with the following items **NO NUTS PLEASE**:

* Crunchy snack (pretzels, chips, crackers) if tolerated.
* Puree snack (applesauce, yogurt, pudding) if tolerated
* “Regular” meal items (chicken nuggets, sandwich etc.)
* Liquid/drink (and the bottle, straw or cup your child regularly uses)
* Payment for services as listed in item #6
* Additional reports you may want me to review
* **Initial \_\_\_\_\_\_\_\_\_\_**

1. Please note: You must cancel your evaluation one week to receive your deposit back. This is for all non-emergency cancellations *(Minus time already taken to review your files, records etc.)*.
2. I cannot see patients who are sick, so you should email if your child is sick 5-7 days prior to the evaluation so we can discuss and possibly reschedule (see #11) . It is understood that emergencies may happen which is different than a known illness. **Initial \_\_\_\_\_\_\_\_**
3. All reports ARE UPLOADED TO THE SECURE PLATFORM within 30 days of the scheduled appointment. Due to the length of these reports, they are best in a digital format. I suggest you save the PDF and upload it to your providers of choice through their secure platforms. Hard copies will not be mailed. **Initial \_\_\_\_\_\_\_\_**
4. Some parents request a call, meeting or visit to review the report. Note this is not included in your evaluation fee as I bill by time. Generally, I will do this in the first session of therapy. If you are not attending therapy in my office and feel you want a parent conference, first 15 minutes is free, 50.00 for additional 30 minutes or 100.00 for an hour. **Initial \_\_\_\_\_\_\_\_**
5. **Your balance is due at the test session UPON ARRIVAL. Checks and cash are accepted. CREDIT CARDS ARE NOT ACCEPTED FOR LIVE EVALUATIONS. Initial \_\_\_\_\_\_\_\_**
6. **NOTE: I DO NOT EVALUATE SICK PATIENTS. PATIENT MUST BE:** 1) Fever free without medication for 72 hours; 2) on antibiotics a full 72 hours for strep or bacterial infection; 3) free of flu symptoms for 7 days and 4) diarrhea and vomiting free at least 7 days and tolerating food and liquids 4) Covid free for 10 days as per the CDC guidelines and finally 5) free of visible nasal secretions and /or cough. When in doubt please email me at [robynslp95@aol.com](mailto:robynslp95@aol.com). **Initial \_\_\_\_\_\_\_\_**
7. Please attach your check or money order to this form (BOTH PAGES) and sign below. **Mail this form along with the case history and privacy forms that are on my website (child 0-14 or adult 14+)**. Please do not email or fax. Please do not require a signature. **Initial \_\_\_\_\_\_\_\_**
8. NOTE THAT IF YOU DO NOT FOLLOW #6 OR #11 I will retain the evaluation deposit. If you should choose to rebook another appointment, you will need a new contract and deposit to reschedule without exception. **Initial \_\_\_\_\_\_\_\_**

Thanks so much for your cooperation. I look forward to meeting you and helping you / your child!

Robyn Merkel-Walsh,MA, CCC-SLP,COM®

I understand that mailing a deposit to Robyn Merkel Walsh is to reserve an evaluation. I have read the evaluation procedures and policies. I also understand that if I do not cancel with 7 days’ notice, I am subject to waiving my deposit.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_