



# tiny dog

Dyslexia & Language  
Strategies

**3701 Colby Ave, Everett WA 98201**

**www.tinydogstrategies.com**

**425-249-9612**

## **Attendance / Cancellation Policy**

Attendance and participation in therapy, along with compliance with any associated home programs, are essential for therapeutic success.

While Tiny Dog Dyslexia & Language Strategies understands that illnesses and emergencies occur, we respectfully request that you avoid frequent cancellations or no-shows. Attending sessions regularly is essential if you wish to see progress. Please adhere to the following policy regarding providing our office with advance notification for any cancellations resulting from a conflicting appointment, vacation, obligations for work or family, or any other event. You may notify our office via email, voice mail, or text.

Tiny Dog Dyslexia & Language Strategies asks that you provide as much notice as possible if you need to miss a session. If less than 24 hours notice is given, that will be considered a late cancellation. You will not be charged for the **first** late cancellation. A fee of \$25 will be incurred for the **second** late cancellation, and **any additional** late cancellations will be charged at the full session rate of \$50.

You will have the option to schedule a make-up session for late cancellations within 4 weeks of the originally scheduled session, if a mutually agreeable date and time can be found.

If you do not attend a scheduled session, and fail to provide any notice, the same fees will apply. There is no option to make up no-show sessions.

If you have 4 late cancellations and/or no-shows within 2 months, we will discuss whether our services are appropriate for you at this time, and you may be dismissed from services.

If you are habitually more than 10 minutes late for sessions (4 or more times within 2 months), you may be dismissed from services. If you arrive late for a scheduled session, the session will still end at the scheduled time.

I understand the attendance/cancellation policy and the risks of not adhering to it.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Relationship to Client