**Preschool Program**

**Provider and Family Agreement for Home-Based Services**

*Developed by the Suffolk County LEICC Quality Assurance Subcommittee*

*and the Professional Ethics Subcommittee*

As a provider of services to children in your municipality and school district Preschool Program, I am bound by a Code of Professional Ethics. It is important that the families of the children I provide services for understand the professional standards that are incorporated in this code and that we enter into an agreement to assure that the standards are followed.

I will:

* Provide services to the best of my ability based upon my training and credentials;
* Maintain all information to protect the privacy of your child and family;
* Make every effort to follow the schedule for service provision;
* Make up missed sessions, whenever possible, within 10 working days of the missed session;
* Advise you ahead of time if I am going to be absent for an extended period of time and

call ahead of time if sickness prevents me from providing a daily service;

* Maintain accurate records of the services provided and bill only for those services provided;
* Provide you with accurate reports of your child’s progress;
* Not engage in non-emergency cell phone and/or text conversations during service provision;
* Work cooperatively with other members of the treatment team;
* Work with you and other family members in developing strategies you can use to enhance your child’s development.

Please understand that the provider must comply with the following professional boundaries:

I am:

* not allowed to work for you in any capacity other than to provide therapy to your child as authorized on the IEP.
* not allowed to be left alone with your child. A person over the age of 18 must be present in your home at the time I provide services.
* not allowed to transport you or your child anywhere or at anytime.
* not allowed to accept gifts or meals and is not allowed to be involved with you in personal activities such as birthday parties or family events.
* not allowed to recommend changes in services for which he/she cannot provide appropriate documentation to substantiate that recommendation.
* required to report any suspicion of child neglect, maltreatment or abuse as directed under Suffolk County Department of Health Services Policy and Procedure, Child Abuse and Maltreatment Reporting Process, Revised 07/16/04.

I have read this agreement and understand the professional boundaries that my provider is required to follow.

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian (please print) Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Therapist (please print) Signature of Therapist Date

May 2017