

ATTENDANCE AND EQUIPMENT AGREEMENT FOR HEARING IMPAIRED STUDENTS

Child's Name: _____

The following attendance and equipment agreement was developed so each student may receive optimal benefit from their enrollment at Carle Auditory Oral School. Please read this policy carefully and sign at the bottom of the form. If you have any questions, please discuss them with your child's teacher, therapist, or the director, Danielle Chalfant.

The educational/therapeutic services that students receive at Carle Auditory Oral School have the potential to dramatically change future outcomes for them. The full cost of providing these intensive, specialized, and individualized services is not affordable for most families. Therefore, we rely on donations and the support of other funding sources to keep the program running effectively. To ensure that we are fully maximizing our use of donated dollars and maintaining levels of productivity that will further enhance your child's education and therapy, families should demonstrate a strong commitment to the program and this can be done with consistent attendance, timely arrivals, and providing back-up equipment to ensure students have maximum auditory access while in attendance.

I/We agree:

1. To drop child off between 8:45 and 8:55 (unless enrolled in before care).
2. To pick child up between 3:00 and 3:15 (unless enrolled in after care).
3. To notify the school if child will be absent, late, or needs to be picked up early.
4. That no more than three absences are expected each semester. A series of missed days due to an extended illness is considered one absence.
5. To provide back-up equipment (batteries, cables, headpieces, etc.)

Our educational programs are very intense and may exceed family needs and priorities. Often this mismatch is made obvious by inconsistent attendance, repeated late arrivals, and absence of back-up equipment, particularly batteries. If attendance and/ or tardiness become a problem, we will work with each family to design a program that better matches family needs and priorities.

I/We have read and understand the above policy. I/We agree to meet the terms of the policy outlined.

Signature of Legal Guardian/Parent

Date

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Date