



OUT-PATIENT THERAPIST: POLICY Acknowledgment / Consent Form

REPORTING & EXITING PROCEDURE

1. (____) ALL OUT-PATIENT THERAPIST: MUST provide their original **DRIVER LICENSE** at the 1st floor's front lobby
2. (____) ALL OUT-PATIENT THERAPIST: MUST provide a copy of valid driving license and employer identification, liability insurance policy to insured South Florida School Of Excellence and "SOUTH FLORIDA SCHOOL OF EXCELLENCE POLICY ACKNOWLEDGEMENT CHECKLIST".
3. (____) ALL OUT-PATIENT THERAPIST: MUST take for arrival and exit the **STAIRCASE DOOR ONLY ELEVATOR IS NOT ALLOWED** from the left side of the 1st floor lobby. **SFSE IS LOCATED ON FLOORS 2nd special education and 3rd regular education (Adult with Disabilities (ADA) and therapists MUST submit a doctor's note to SFSE to be dismissed from taking staircase)**
4. (____) ALL OUT-PATIENT THERAPIST: MUST take exit **STAIRCASE DOOR** from the right hand side of 2nd Floor and left side of the 3rd floor lobby. **(Adult with Disabilities (ADA) and therapist MUST submit doctor's note to avoid staircase)**
5. (____) ALL OUT-PATIENT THERAPIST: are **ONLY** allowed to use the front administrative office door for sign in and sign out for entering and exiting. **(Due to school security, please DO NOT use any other school entrance door for your entrance or exit)**
6. (____) ALL OUT-PATIENT THERAPIST: MUST SIGN IN and SIGN OUT from the front administrative office for single or multiple students therapies. **(Remember to sign in correct section that is divided by different services providers categories- Data will be shared for Medicaid and contractor's company audits)**
7. (____) ALL OUT-PATIENT THERAPISTS: MUST acknowledge their therapy hours signed off by Administration only **NOT** by other SFSE employees
8. (____) ALL OUT-PATIENT THERAPIST: **After the first 15 minutes of unexcused absence** will be notified to their employer.



9. (____) **ALL OUT-PATIENT THERAPIST: MUST follow below mentioned Code of Conduct and Ethics**
10. (____) **ALL OUT-PATIENT THERAPIST: Employment Relationship** - Shall adopt and adhere to rules and conditions of employment that respect workers and, at a minimum, safeguard their rights under medicare, national, international labor, social security laws, regulations.
11. (____) **ALL OUT-PATIENT THERAPIST: Nondiscrimination** - Subject to any discrimination in basis of gender, race, religion, age, disability, sexual orientation, nationality, political opinion, social group or ethnic origin.
12. (____) **ALL OUT-PATIENT THERAPIST: Harassment or Abuse** - Every employee shall be treated with respect and dignity. No employee shall be subject to any physical, sexual, psychological or verbal harassment or abuse

EXECUTION OF THERAPY

13. (____) **ALL OUT-PATIENT THERAPIST: MUST** wait for students will be called (optional), wait until teacher is notify, or therapist will be send to student current location accorded by the office administrative staff member *(Due to maintain school and classroom educational environment)*
14. (____) **ALL OUT-PATIENT THERAPIES: MUST** take place during the following schedules: (except RBT & ABA & BCBA therapy)
15. (____) **ALL OUT-PATIENT THERAPISTS: MUST** follow SFSE school policy: Zero Tolerance towards **CELL-PHONE** *(Emergency voice calls and text messages MUST be conducted outside of the classroom and hallways and set on vibration)*
16. (____) **ALL OUT-PATIENT THERAPISTS: MUST** not leave premises (**school or class**) alone or with a student **DURING** therapy (billed) reported hours
17. (____) **ALL OUT-PATIENT THERAPISTS: MUST** not carry any **HOT OR COLD COLOR LIQUID** must be carried in a sealed container. Food and Garbage **MUST** not be left behind in the classroom or in the therapy room. *(Please be courteous SFSE do not provide janitorial services)*
18. (____) **ALL OUT-PATIENT THERAPISTS: MUST** not eat around at non designated areas and to bring home cooked food to feed SFSE students
19. (____) **ALL OUT-PATIENT THERAPISTS: MUST** support school caregivers for behavioural and academic instructions likewise: **Daily Progress Monitoring, Daily Diaper Log, Class Assignments etc**, to initial therapist's **FIRST** and **LAST** name, **student's performance codes**, if given by



therapist solely. Likewise, (**BM / + Correct & Independent, | G- Gestural, | VS- Visual, | VR- Verbal, | P- Physical, | X- Incorrect**) Please initial **two codes if applicable**

20. (____) **ALL OUT-PATIENT THERAPISTS: MUST** Support the school's Personal Response to Intervention (PRTI) and Personal Learning Plan (PLP) goals to reach the highest potential of the student. (Optional to attend a PLP meetings)
21. (____) **ALL OUT-PATIENT THERAPIST: MUST attend students during their therapy sessions:** Attend students in elevators (if applicable) for arrival, dismissal, bathroom, lunch, physical education (Sherbondy Park) and at the school field trips, travel via school shuttle(if applicable) , school field trips (if applicable) , participate in school activities. (**full time complete shadow till the therapy hours ends**).
22. (____) **ALL OUT-PATIENT THERAPISTS: MUST** supervise and attend their students at all times inside or outside of the classroom for academic and behaviour instructions and implementations. Therapy sessions are not offered before or after school hours
23. (____) **ALL OUT-PATIENT THERAPISTS: MUST** not video tape other SFSE school students or capture pictures during therapy session (**Only serviced student(s) can be captured in pictures and videos, EXCEPTIONS: school or student's events**)
24. (____) **ALL OUT-PATIENT THERAPISTS: MUST** limit their personal communication with teachers, fellow therapists and analysts inside the classroom (**Due to maintaining a school and classroom educational environment**. May request for a **CONFERENCE before (7:30A.M. – 7:45 A.M.) or after school (3:00P.M. – 3:15 P.M.)**)
25. (____) **ALL OUT-PATIENT THERAPIST: MUST** inform administration about their concerns during the therapy session at SFSE: students' defiance and disruptive behavior, sickness to address etc, SFSE should approach a parent to resolve within team meeting. (**Therapist should NOT make a biased decision to dismissed a student and called parent/legal guardian to pick up the student during school hour, until it agreed upon by SFSE**)
26. (____) **ALL OUT-PATIENT THERAPIST: MUST** be responsible for their personal belongings. SFSE school, staff, parents and students will not be held accountable for their **LOST AND DAMAGE**.
27. (____) **ALL OUT-PATIENT THERAPIST: MUST** be responsible for SFSE physical property damage caused by therapist.



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DRESS CODE

28. (____) **ALL OUT-PATIENT THERAPIST:** Requires wearing a professional job attire, scrubs or uniform shirt, conservative neckline, closed -toe shoes
(Female therapists) **(SHORTS, DRESSES, JEANS AND FLIP-FLOPS ARE NOT ALLOWED)**

Initials: _____



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Student's Last, First Name (Printed): _____

Grade: _____

Therapist's Last, First Name (Printed): _____

Signature: _____

Date: _____

Therapist Contact Number: _____ Therapist Email: _____

Therapy Type: _____ Services Days (Names): _____

Total Service Hours Awarded by Medicaid: _____ Daily Service Hours at SFSE: _____

Agency Owner's Last, First Name (Printed): _____ Agency Name: _____

Agency Contact Number: _____ Agency Contact Email: _____

Agency Address: _____

FOR MORE THAN ONE STUDENT SERVICE PROVIDERS ONLY: Student's Full Name (Printed)

1) First, _____ Last, _____ Grade, _____

2) First, _____ Last, _____ Grade, _____

3) First, _____ Last, _____ Grade, _____

4) First, _____ Last, _____ Grade, _____

5) First, _____ Last, _____ Grade, _____

6) First, _____ Last, _____ Grade, _____