Client Information
& Welcome Kit

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Welcome from our Practice Director

Welcome to the Small Talk Speech Therapy family. Our practice is passionate about partnering with families to deliver effective and results-based interventions for your child. Small Talk Speech Therapy is built on innovation and outside the box thinking which consistently delivers communication gains for our small talk clients. We strive to make a positive difference in the lives of each and every small talk family.

As the practice director it is one of my highest priorities to ensure consistency of service within our therapy team. Consistency in the small talk service is achieved through the development of each child’s Individual Therapy Program, which outlines and tracks every goal your child is working towards. Have a look our video describing our innovative Individual Therapy Program here (or search you tube for our video “setting and tracking goals in speech therapy”).

The purpose of this booklet is to provide important information about the Small Talk Speech Therapy service, policies and to serve as an ongoing reference tool for families as they progress through various stages of their therapy journey.

If you ever have anything your wish to discuss related to our services please don’t hesitate to contact me directly via email (shae@smalltalkspeechtherapy.com.au), phone (1300 651 704) or Facebook (Shae Rodgers Speech Pathologist).
Our Mission and Values

Our Mission
Our mission is to help children with communication difficulties find their voice, so they can engage with others in their world.

Our Values
Our practice is guided by our values to:

Hope  Nurture
Support  Understand
Our Services

**Small TALK** speech therapy is a family focussed service specialising in children with Autism Spectrum Disorders, children with complex needs and speech and language delays.

The most common structure of the **small TALK** speech therapy service is as follows:

1. **Initial Consultation (45 minutes)**
2. **Assessment (60-90 mins)**
3. **Optional consultation to discuss assessment results and therapy plans (45 minutes)**
4. **Therapy (45 or 60 minutes)**

*This procedure may be customised dependant on your requirements.

Therapy appointments include 15 minutes of weekly individualised therapy program (WITP) preparation by your speech pathologist (customized goals and activities for your child) and 60 minutes of face to face intervention (including provision of typed WITP outlining the child’s goals and relevant activities to parents and child’s therapy team).

The frequency of therapy will be advised after your consultation and assessment; however therapy **visits are usually weekly or fortnightly** depending on your child’s difficulties.

We also offer **parent workshops, group therapy programs** (Social Skills Groups for Children with Autism, Pre-Kindy Class for Children with Autism), and much more!
Eligibility for Early Intervention

Small TALK speech therapy services are in high demand and we have families waiting to receive intervention for their child. Small TALK speech therapy has a wide range of services and we recognise that families require professional advice and support in choosing an appropriate intervention for their child. It is for this reason that we put aside the time to offer initial consultation and assessment sessions to clients on our waiting list.

If you are offered an initial consultation and/or assessment session for your child, this is to enable our therapists to determine your child’s eligibility for intervention and make professional recommendations on the most appropriate service.

If the recommended service has no availability, then your child will be placed on a waiting list for this particular intervention.

Please note that receiving an initial consultation or assessment appointment unfortunately does not guarantee your child a regular individualised therapy appointment.
Our Commitment to Work Health & Safety

Small TALK speech therapy is committed to providing a safe and healthy working environment for our team, clients, and other persons in our workplace, so far as reasonably practicable. We aim to achieve this by management and staff working together, following a program of health and safety activities and procedures (aligned to our below WHS objectives) which are monitored and reviewed to achieve best practice and ensure compliance with current legislation.

Our WHS Objectives:

- To provide a safe and healthy work environment for our team, clients, and other persons in our workplace;
- To provide safe and healthy methods of work;
- To provide programs of health and safety activities (including training) and procedures which are continually updated and effectively carried out;
- To identify and eliminate or reduce hazards and risks to health and safety;
- To continually monitor and improve work health and safety;
- To provide education and training resources;
- To comply with all relevant WHS laws, rules, standards and codes of practice.
Infection Control

Small TALK speech therapy consider health and safety and infection control a serious matter, as such we have an infection control policy in place to protect your child from contracting diseases and infections from others in our workplace.

Our staff are all regularly trained in infection control principles and our procedures in relation.

Our risk management approach to infection control includes:

- Clinicians will disinfect their hands before and after each client contact.
- Clinicians cleaning the therapy tables and wipe-able materials (e.g. toys, games, supplies, assistive devices, earphones) immediately before and after each session, using disinfectant cleaning products.
- Surfaces that are soiled with blood or body fluids with blood visible will be cleaned immediately using hospital-grade cleaning products and then thoroughly disinfected before being used again.
- Clinicians wearing gloves, wherever possible, when touching blood or body fluids (e.g. saliva). Some children are adverse to the look and feel of gloves and if the interaction will be more successful without gloves, then the clinician will use antibacterial gel before and after touching blood or bodily fluids.
- Gloves will be worn during oral motor examinations and removed correctly to avoid contacting the skin. Contaminated gloves will not contact eyes, eye glasses, or therapy table surfaces.
- All gloves and tongue depressors and any items exposed to a client’s blood (i.e. if the client has a nose bleed) or body fluid will be safely disposed in a biohazard waste bin. Further, tissues, cups and utensils will be disposed of in a timely manner.
Cancellation Policy

As you can appreciate, Small TALK speech therapy services are in high demand, with families often waiting to receive appointments for their child. We are committed to providing a high quality service and our therapists dedicate significant time preparing for valuable appointments. In order to assist us to ‘service you better’, we request that clients provide us with sufficient notice when cancelling an appointment, or arriving late. The following policies apply for appointment cancellations, late arrivals and failures to attend.

**Late cancellation of an appointment**
Clients unable to attend a scheduled appointment or group session must cancel the appointment by no later than 2:00pm on the day prior to the appointment, to avoid cancellation fees. If notice is provided after this time, a late cancellation fee of $75.00 or 50% of your scheduled appointment fee will apply, whichever is greater. Late cancellation of two scheduled consecutive appointments, or three appointments within six months, will result in a Scheduling Hold being placed on your account, meaning you will not be able to schedule further appointments.

**Failure to attend an appointment**
Clients unable to attend a scheduled appointment or group session must cancel the appointment by no later than 2:00pm on the day prior to the appointment, to avoid cancellation fees. If clients fail to attend a confirmed scheduled appointment and no notice is received the full appointment fee is payable. Failure to attend, or late cancellation of, two scheduled consecutive appointments, or three appointments within six months, will result in a Scheduling Hold being placed on your account, meaning you will not be able to schedule further appointments.

**Late arrival to an appointment**
To ensure an efficient service schedule we ask that you arrive promptly for your scheduled appointments - we recommend arriving 5-10 minutes prior to your appointment time. Late arrivals will still incur the full fee for the scheduled appointment. Unfortunately since our therapists have other appointments scheduled before and after, the session cannot be extended if you are late.
Fees and charges for late cancellations and failures to attend

Our receptionist will contact you regarding the missed appointment to arrange prompt payment. Payment for the missed appointment must be received within two business days, in order to confirm your child’s next scheduled appointment.

Please note: these payments cannot be claimed using FaHCSIA, NDIS or Medicare Funding.
Travel Policy

Therapy sessions or assessments conducted outside of our clinic will incur a travel fee depending on the kilometres travelled from the clinic to the session location and return.

Our travel Rates:

• Locations 20km and under (one way) will be charged a flat travel fee of $37.50 in addition to the regular fee.
  60-minute outreach session = $187.50,
  45-minute outreach session = $151.10
• Locations >20km will be charged the travel fee of $37.50 plus 78 cents per kilometre that is over 20km.

Small TALK clinician’s try to keep out of clinic sessions as close to one another as is possible to ensure minimal cost to clients, however distances may change from week to week as the offsite schedule changes.

In the event that travel to your child’s session is higher than normal due to schedule changes we will cap the amount charged at the original quoted distance from the office.

Failure to cancel or reschedule an out-of-clinic therapy session, which results in a clinician travelling without purpose, will result in the full travel fee being added to any no show (full session fee) or late cancellation fees.

FaHCSIA

Clients who receive FaHCSIA funding should be aware that travel is not covered by FaHCSIA therefore any travel costs are payable by the family.

National Disability Insurance Agency

NDIA funded clients will require approval from their NDIA planner to add travel to their plan. Your planner should contact us to arrange a quote from small TALK speech therapy for travel charges. NDIA will then advise an amount that they will fund.
If your child is funded by NDIA and you wish to have out-of-clinic therapy sessions please notify us prior to booking the session, as NDIA are not required to backdate any appointments which have taken place without Planner approval. The family would be liable for any session and travel fees not included in your child’s plan that small TALK speech therapy is unable to claim from NDIA.
Marketing

From time to time, during therapy activities we will take photos and videos of our team working with children, and work produced by the children, to capture our culture and approach at Small TALK speech therapy. These photos may then be shared in the public domain via our website, newsletter, information marketing material (such as flyers, posters) social media pages (including our Facebook page).

If you agree to permit small TALK speech therapy to take photographs/videos of your child and their work for public, please complete the Media Consent Form (see Forms section of this booklet) and return it to our Practice Manager. The consent, if signed, will remain effective until such time as you advise small TALK speech therapy of your withdrawal of consent in writing.
General Parental Consent Form

In the Forms section of this booklet, in addition to individual specific consent forms; there is a General Parental Consent Form which must be completed by all clients upon engagement.

This form covers a number of standard items we require your consent in relation to, including:

- Payment of fees and charges;
- Sharing of medical information and reports with other medical professionals;
- Voice and video recordings for the purpose of analysis and assessment;
- Text message reminders for appointments;
- Parents attendance at therapy sessions and supervision responsibilities; and
- Physical guidance during therapy.

Any questions or concerns regarding this form, or other consent forms located in the Forms section of this booklet, should be raised with the Clinical Director, Shae Rodgers as soon as practicable.
We Welcome Your Feedback

As part of our commitment to open communication and continuous improvement, we encourage both our staff and our clients to provide constructive feedback (whether positive or negative) on our services.

Clients can provide feedback, formally or informally, to their key contact within the Small TALK team or our Practice Director.

Feedback forms are available from our practice Administration. A copy is also included in this kit in the Forms section.

All feedback received will be recorded by Small TALK and appropriate consideration and/or action taken in relation.

Where appropriate, Small TALK will advise the person/s providing the feedback with information regarding the action and/or outcomes taken and achieved by Small TALK in relation.
Privacy & Confidentiality

Small TALK speech therapy is committed to safeguarding the confidentiality of any personal or health information of individuals by:

• Creating procedures that protect privacy with regard to the collection, storage and disclosure of Personal Information; and
• Complying with the Australian Privacy Principles and the Privacy Act 1988 (Cth).

Collection of Personal and Sensitive Information

Small TALK speech therapy collects Personal Information on individuals only with their consent. Generally, we collect your Personal Information and Sensitive Information directly from you. We collect information through various means. We will not collect information unless it is necessary for the functions or activities of Small TALK speech therapy.

There are situations where we may also obtain Personal Information about you from a third party source (for example a GP). If we collect information about you in this way, we will take reasonable steps to contact you and ensure that you are aware of the purpose for which we are collecting your Personal Information and the organisations to which we may disclose your information, subject to any exceptions under the Privacy Act.

Use and disclosure of Personal and Sensitive Information

We only use Personal Information for the purposes for which it is given to us, or for the purposes which are related to one of our functions or activities. Identifying personal information will not be disclosed for marketing purposes.

The Personal Information we collect from you will be used primarily to render services related to Small TALK speech therapy services and business. We may also disclose your Personal Information to other external organisations including:

• government departments/agencies who provide funding for Small TALK services;
• doctors and health care professionals, who assist us to deliver our services; and
• our professional advisors, including our accountants, auditors and lawyers.
Except as set out above, Small TALK will not disclose an individual’s Personal Information to a third party unless one of the following applies:

- the individual has consented;
- the individual would reasonably expect us to use that information for another purpose related to the purpose for which it was collected (or in the case of sensitive information – directly related to the purpose for which it was collected);
- it is otherwise required or authorised by law;
- it will prevent or lessen a serious threat to somebody’s life, health or safety or to the public health or safety;
- it is reasonably necessary for us to take appropriate action in relation to suspected unlawful activity, or misconduct of a serious nature that relates to our functions or activities;
- it is reasonably necessary to assist in locating a missing person;
- it is reasonably necessary to establish, exercise or defend a claim at law;
- it is reasonably necessary for a confidential dispute resolution process;
- it is necessary to provide health services;
- it is necessary for the management, funding or monitoring of a health service relevant to public health or public safety;
- it is necessary for research or the compilation or analysis of statistics relevant to public health or public safety;
- it is reasonably necessary for the enforcement of a law conducted by an enforcement body, in this case Small TALK will make a written note of the disclosure;
- a permitted general situation exists, as defined in s16A of the Privacy Amendment (Enhancing Personal Privacy) Act 2012; or
- a permitted health situation exists as outlined by s16B of the Privacy Amendment (Enhancing Personal Privacy) Act 2012.

From time to time our therapists may use email as a communication method to provide clients with items such as: newsletters, invoices, general business updates, progress notes and clinical reports etc. These items may contain your personal or sensitive information. Whilst your information will only be provided to you and other approved (by you) parties in this manner, clients need to be aware that there is a risk that this information may be accessed by other parties without authorisation (for example, if our email system is ‘hacked’ or a virus is received). Small TALK will take all reasonable steps to mitigate this risk, including regularly changing software
Security of Personal and Sensitive Information

Small TALK speech therapy takes reasonable steps to protect the Personal Information and Sensitive Information we hold against misuse, interference, loss, unauthorised access, modification and disclosure. These steps include password protection for accessing our electronic IT systems, securing paper files in locked cabinets and applying physical access restrictions. Only authorised personnel are permitted to access our systems and controlled premises.

When Personal Information is no longer required, it is destroyed in a secure manner, or will be de-identified.

Small TALK uses cloud-based technology (such as iCloud and Dropbox), which may be located offshore, to store client records such as photos, reports, file notes, and videos, and will take all reasonable measures to protect your Personal Information by:

- gaining your consent to the disclosure; or
- ensuring that the country of destination has similar protections in relation to privacy, and does not breach the Australian Privacy Principles; or
- entering into contractual arrangements with the recipient of your Personal Information that safeguards your privacy.

Alternatively if the information is required under Australian law, or if the information is required or authorised under international agreement to which Australia is a party to, or if is reasonably necessary by an enforcement body it may be shared.

Note: All our staff are bound by confidentiality and privacy policies, procedures and agreements, which apply both during and following employment with Small TALK. This includes the provision that if any staff comes into contact with a client of small TALK outside of the clinic they will not acknowledge or approach the client – in order to safeguard the clients' confidentiality rights.

Access to and correction of Personal Information

If an individual requests access to the Personal Information we hold about them, or seeks to change that Personal Information, upon this request we will give the individual access, unless:
Requests for access and/or correction should be made to the Practice Director. For security reasons, any request must be made in writing with proof of identity. This is necessary to ensure that Personal Information is provided only to the correct individuals and that the privacy of other persons is preserved.

In the first instance, Small TALK will assume (unless otherwise informed) that any request relates to current records. These current records will include Personal Information which is included in Small TALK’s databases and in paper files which may be used on a day-to-day basis.

If we deny access to information, we will set out our reasons for denying access in writing. Where there is a dispute about the right to access information or forms of access, this will be dealt with in accordance with our complaints procedure. More information about this process can be obtained from the Practice Director.

If an individual is able to establish that Personal Information Small TALK holds about her/him/their child is not accurate, complete or up to date, Small TALK will take
reasonable steps to correct our records unless it is impracticable or unlawful to do so. In the event a request for change is refused Small TALK will set out, in writing, the reasons for refusal and the mechanism by which you can complain. We will not charge an individual for making the request or correcting the information.

Complaints Procedure
If you have a complaint about our privacy practices or our handling of your Personal Information or Sensitive Information, please notify our Practice Director and/or completed a Client Feedback Form.
All efforts will be made to address complaints and achieve an effective resolution of your complaint within a reasonable timeframe. In most cases this will be 30 days or as soon as practicable. However if the matter is complex, the resolution of the complaint may take longer. All complaints and outcomes will be recorded.
In the event that an anonymous complaint is received we will note the issues raised and where appropriate, investigate and resolve them appropriately.
What others families are saying about Small TALK

“Small Talk Speech Therapy are very thorough with your assessments.”
“Small Talk Speech Therapy are very genuine and caring. You look at him as an individual.”
- Jodi Goss, Home Schooler and mother of four (2014)

“Small Talk offer professional personalized service. Which has helped me in so many more way than just Speech Therapy. I value the help and advice Shae has offered me. We receive an ITP every session which helps concentrate on current goals as well as being able to look back at all the achievements that have been made.”
- Nicola Beckett (2014)

“Sophie’s time at Small TALK has taught her increased concentration (she could barely sit still for 10min initially but now can go nearly the whole hour of her session), a greater ability to convey concepts and much better communication between herself and others.”
- Anonymous

“Small Talk speech therapy has done more for my child in a few weeks than my child’s previous therapist did in a year. Small Talk speech therapy is so focused on my child, on point with what may help her and the interaction with my child is always in a happy, relaxed, comfortable tone, that has helped ease my child right into it, right from the first visit.”

“My child has progressed from almost no attention, affection and limited ability to following instructions to an affectionate, more focused and attentive little man. Small Talk has made a great difference to my family.”

“Jaxx has come so far in the brief time we’ve been at speech therapy. He’s made incredible progress, he went from making little to no sounds to being able to say a few words and requesting things for himself. His communication has improved greatly in all aspects since starting with small talk. Small talk has provided us with the means to communicate as a family. And in doing so, it has relieved so much frustration and helped us learn tactics to teach Jaxx and further his journey at home.”
- Elyssa, Jaxx’s mother (2014)

“The dedication to my child’s therapy. The knowledge of autism that the clinicians have.”

“The individual program is very structured. The therapist is very skilled and is affirmative when required. The therapist already knows my child and knows when to be firm to challenge him but also knows when to ease off. Already we can see our child has improved during therapy. We also appreciate the written goals and report after each session which the therapist emails us. It is very useful to pass these to the school so everyone is working together towards my child’s common goal.”

“professional * welcoming * organized * resourceful * efficient * results”
Frequently Asked Questions

What are the Small TALK office hours?
Our office hours are generally 8:30am –5:30pm AEST (AEDT in summer) Monday to Friday.

Who are the Small TALK team?
We are a small, dedicated team of certified practising Speech Pathologists. You can read more about our backgrounds, qualifications and passions on our website at www.smalltalkspeechtherapy.com.au under the ‘About small TALK’ tab.

Why one hour appointments?
At Small TALK, we strive to deliver a family focused speech therapy service; this means that we spend time within your child’s session providing you with knowledge, skills and strategies to help your child. Children with Autism Spectrum Disorders and other special needs benefit from additional repetition of tasks and research suggests that these children need up to 20 hours of intervention per week.

To ensure that families are involved in their child’s speech therapy and offer maximum benefit to your child sessions are 60 minutes in length.

Do you visit schools and preschools?
There are a range of benefits that can be gained from school visit appointments:

- Assessment of the child’s skills in their social environment.
- Therapy goals that need to be targeted utilising the child’s peers.
- Working in partnership with teachers and education staff to increase awareness of your child’s strengths and difficulties. Providing strategies that are appropriate for use with your child and education about how to deliver these consistently.

Depending on the location of your child’s school, outreach visits may be available upon request.

We want your child’s educators to be involved in your child’s program and are mindful that this can be difficult when accessing speech therapy via clinic visits. We make an effort to keep in contact with families via phone, email, and social media.
Please contact our Practice Director directly if you have questions about this, as it will depend on your child’s circumstances.

**Will your therapists just ‘play’ with my child?**
Absolutely NOT! Every single task we use at Small TALK speech therapy has a purpose and directly relates to your child’s weekly goals. We understand how important it is for your child to be learning as much as they can in their sessions. This is why we use a structured therapy approach with many of our clients, setting an expectation that they are in the clinic to learn.

We offer our clients positive rewards and clear feedback regarding their performance so expectations are clear and transparent. Tasks are never pitched at a level that is too hard for the child, as we want your child to thrive on learning as they achieve more and more!

**How long will my child need therapy?**
Each and every child and family is different at this question is best answered by your speech pathologist once she has gained an understanding of your child’s difficulties and the family goals. As a general guide many of our clients with a small amount of goals and mild communication difficulties engage in therapy for around 6 months, clients with more complex and severe communication difficulties often engage in our therapy services for a number of years. Our goal is always to progress your child towards achieving their goals in the most efficient way possible, while ensuring that the skills learnt are maintained and generalised beyond the therapy setting.
Contacting Us

| **SITE:**  | 7/394 Maitland Rd, Mayfield, NSW 2304 |
| **PHONE:** | 1300 651 704 |
| **FAX:**   | (02) 4027 5012 |
| **EMAIL:** | admin@smalltalkspeechtherapy.com.au |
| **WEB:**   | www.smalltalkspeechtherapy.com.au |
Forms

Please find attached the following forms for your completion:

- General Parental Consent Form
- Media Consent Form
- Client Information & Welcome Kit Acknowledgement Form
- Client Feedback Form (as required)
- Client Questionnaire

Please return completed forms to our Practice Manager by on or before your child’s first appointment.
General Parental Consent Form

By signing this form, I hereby give my consent for:

• My child to receive private speech pathology services from small TALK speech therapy and agree to pay all associated fees for these services in accordance with Small TALK policies;
• Small TALK speech therapy to contact and share information and reports with education staff, medical practitioners, specialists and health professionals involved in my child’s care;
• Small TALK staff to make voice and video recordings of my child to be used solely for the purpose of analysis and individual therapy planning (including social skills modelling);
• Small TALK to send me text message reminders for my child’s speech therapy sessions;
• Physical guidance contact between my child and their treating speech therapist as necessary. I acknowledge that all care is taken whilst working with my child however physical contact may be required for guidance during therapy sessions, and that such contact will only be used to ensure the best outcome for my child. I understand physical guidance may involve hand-over-hand prompting, guiding my child into a seated position etc.

In addition, by signing below, I confirm that I understand and agree:

• To pay all fees and charges for my child’s speech pathology services on or before the date of the session;
• To be present for least the first 5 minutes, and last 10 minutes, of my child’s session unless otherwise advised/agreed;
• I am responsible for supervising my child/ren whilst at Small TALK;
• That if my payments become in arrears of over 2 sessions, and I have not come to an alternative arrangement with small TALK speech therapy, I understand that my child’s services will be ceased and all necessary means may be taken to recover the funds, which may include the addition of legal fees (to my due monies) resulting from the process to recover the debt.

I ___________________________ (parent/guardian name) consent to the above Terms and Conditions in relation to __________________________ (child’s name).

Signed _______________________ ____________ Date _______________________

"Helping small people find their voice"
Ph: 1300 651 704
7/394 Maillard Rd, Mayfield NSW 2304
admin@smalltalkspeechtherapy.com.au
www.smalltalkspeechtherapy.com.au
Media Consent Form

By signing this form, I understand I am providing my consent for Small TALK speech therapy to take photos and videos of my child, and work produced by my child, during therapy sessions. I understand this consent will remain effective until such time as I advise Small TALK of my withdrawal of consent in writing.

I acknowledge that these photos/videos may then be shared in the public domain (for access by third parties) via the Small TALK website, newsletter, informational marketing material (e.g. flyers, posters) and social media pages.

Further, I agree to the following:

• Small TALK speech therapy are able to photograph and publish photographs/work of my child as many times as it requires in the ways/forums mentioned above;

• My child’s photograph/work may be reproduced either in colour or in black and white;

• My child’s photograph/work will not be used for any purpose other than for general promotion, marketing, training speech pathology students and promoting awareness of the profession;

• Any photographs will be kept for no longer than is necessary for the abovementioned purposes and will be stored and disposed of securely; and

• While every effort will be made to protect the identity of my child, small TALK cannot guarantee that my child will not be able to be identified from the photograph/work.

Student’s name: ____________________________________________________________

Signature of parent/caregiver: ____________________ Date: _________________

Signature of student: ____________________ (if appropriate) Date: _______________
Client Information & Welcome Kit Acknowledgement Form

By signing this document, I acknowledge that I have read and understand, and consent to the information (including requirements of clients) contained in the Client Information and Welcome Kit, such as:

- Eligibility for early intervention;
- Infection control;
- Cancellation policy;
- Travel policy; and
- Privacy and Confidentiality.

Further, I understand it is my obligation at all times it is my responsibility to fully comply with all of the requirements and responsibilities.

I acknowledge that the policies contained within the Kit may be updated or otherwise modified, amended or canceled from time-to-time and that Small TALK will attempt to advise me of any changes as they occur. I also acknowledge that it is my responsibility to stay up to date with these policies and how they apply to me.

_________________________________________
Child's name

_________________________________________
Parent/caregiver name

_________________________________________
Parent/caregiver signature

_______________________________
Date
Client Feedback Form

a) What service/s is Small TALK currently providing to your child, or have provided in the past?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

b) Overall, are you satisfied with the service provided to you by Small TALK? Why / why not?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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b) How well does your therapist support you in understanding and nurturing your child’s communication therapy journey?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
d) Do you have any grievance or concern in relation to Small TALK? Please define.

__________________________________________________________________________
__________________________________________________________________________
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e) From your perspective, how can Small TALK improve their service to you and/or other clients?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

f) Would you recommend Small TALK to others you know? Why / why not?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________


g) Do you have any additional comments or suggestions you would like to make?
Parent/caregiver name & signature OR write ‘Anonymous’

Date

Thank you! All feedback received will be recorded by Small TALK and appropriate consideration and/or action taken in relation. Where appropriate, Small TALK will advise the person/s providing the feedback with information regarding the action and/or outcomes taken and achieved by Small TALK in relation.
Client Questionnaire

Contact
Name of child: ____________________________________________________________

Gender of child: __________________________________________________________

Child’s date of birth: ______________________________________________________

Name of mother: __________________________________________________________

Name of father: ___________________________________________________________

Preferred Email address: ___________________________________________________

Street address: ___________________________________________________________

Suburb: ____________________________ Postcode: ______

Telephone (tick best contact)
☐ Mother Mobile:__________________________ ☐ Father Mobile:____________________
☐ Mother Work:___________________________ ☐ Father Work:_______________________
☐ Home:______________________________

Preferred contact method for appointment scheduling (Please tick and add number/email):
   SMS: ________________________________
   Phone call: __________________________
   Email: ______________________________

Preferred contact method for written correspondence (e.g. reports): ☐
   Email ________________________________
   Post ________________________________

Education
Preschool or Day Care attended: _____________________________________________

School attended: ____________________________________________ Class: __________

Days attended: ☐Mon ☐Tues ☐Wed ☐Thurs ☐Fri
Teacher’s name/Director’s Name: ______________________________________________________

Comment on your child’s progress at school: _____________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Family
Immediate family residing in household (names and relationships):
___________________________________________________________________________________

Immediate family residing outside the household (names and relationships):
___________________________________________________________________________________

Languages spoken at home: _____________________________________________________________

Pets in the family home: ________________________________________________________________

Medical
Please enter your child’s health professional details below:
(please provide recent reports where available via email or post)

□ General Practitioner: __________________________________________________________________

□ Previous Speech Pathologist: __________________________________________________________

□ Paediatrician: _______________________________________________________________________

□ Psychologist/Psychiatrist: _________________________________________________________________________

□ Optometrist: (eyes tested? Results?) _______________________________________________________________________

□ Audiologist: (hearing tested? Results?) _______________________________________________________________________

□ Physiotherapist: _____________________________________________________________________________

□ Occupational Therapist: _________________________________________________________________________

□ Ear Nose and Throat Specialist: _____________________________________________________________

Please tick the professionals above with which you would like us to share information about your child’s program (e.g. written reports)
Any current diagnosis?: _________________________________________________________________

Any current medications taken?: _________________________________________________________

Reason for the medication: ____________________________________________________________

Any food allergies?: ____________________________________________________________________

Does your child have a family history of:

- Speech sound difficulties
- Language
- Stuttering
- Dyslexia
- Delayed development
- Developmental disability
- Autism
- Delayed development
- Attention Deficit Hyperactivity Disorder
- Ear infections

Tick all relevant or replace with “no history”

About your child

History

When did your child say their first word?_________________________________________________

When did your child begin to combine words together? _________________________________

When did your child begin to use short sentences?____________________________________

Did your child have any difficulties feeding as a baby? ________________________________

Current:

Describe your child’s communication (listening and speaking):

Describe the way your child interacts with peers the same age and unfamiliar adults:

Describe your child’s behaviour/personality: □ (stubborn, □ determined, □ easy going, □ resists change) _________________________________________________________________
Please describe your child’s eating habits: ☐ (fussy ☐ messy ☐ limited ☐ healthy ☐ select diet)
__________________________________________________________________________________________
List your child’s current interests/hobbies/activities/favourite toys and games:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Please describe your main concerns and goals for your child:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________