



# Peak Potential Therapy LLC

Speech Therapy with a Developmental & Holistic Approach to Treating Children with Disabilities

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## **Policies** **Statement of Agreement**

This Agreement must be signed and returned before the therapist can begin working with the client.

I have received a copy, read, understand, and agree to follow the "Policies."

Client's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_