

# Maximum Achievement Program Guidelines

Welcome to the **Maximum Achievement Program** and thank you for selecting our program to help meet your child's needs. At this time an evaluation must take place to determine whether your child is a candidate for the program. Below is a list of the forms to be completed by a parent or guardian and returned to Dr. Chiappino for review before scheduling an evaluation.

- Evaluation Form
- Development History
- Pediatric Medical History
- Parental Consent form - for permission to contact school and pediatrician
- Parental Consent form - for child pick up from healthcare facility
- Weekly Diet Report

Upon completion and review of the forms, your child will be scheduled for a 3-day evaluation. The first day will consist of a consultation and review of all pertinent history information, a neurological examination and Interactive Metronome testing. The second and third visit will consist of academic testing by a NYS certified Special Education teacher.

Upon acceptance into the **Maximum Achievement Program**, your child will be expected to abide by the following guidelines:

## Timeline

- 32 - 48 sessions per program (may vary with each patient)
  - 2 - 3 sessions per week (to be determined by Dr. Chiappino depending on diagnosis)
  - 30 - 45 minute sessions (may vary with each visit/patient)

## Attendance

- Sessions are scheduled Monday, Tuesday, Wednesday and Friday of each week, between the hours of 3:30 - 6:30 pm and on Saturday between 9:30-12:00.
- The child must be **on time** - please be considerate of the doctor's time and keep your scheduled appointments. If you must cancel an appointment, please give the doctor 24-hour notice. **Tardiness will be considered as an absence.** If a child is absent more than **three times**, he/she may be **terminated** from the program. Compliance with these guidelines is necessary to achieve the benefits of this program.

## Termination

- If a patient is terminated from the program by the doctor, he/she will be reimbursed at 75% of the total cost of the program, pro-rated by the amount of sessions already used.

### **Progress Reports**

- At every four-week interval, the parent/guardian and doctor will meet for a progress report. We ask that you wait until these scheduled intervals to speak to the doctor about the progress of your child. If there is a pressing matter, please call and schedule a time to speak with the doctor.

### **Child Pick Up**

- Only those authorized by the parent/guardian in writing will be allowed to pick up the child after treatment. Please understand that this is for your child's safety and protection. Please be mindful of the doctor's time. A child will not be released to anyone who is not authorized on the "Parent Consent Form" noted above. A consent form must be filled out by the parent/guardian before the onset of the program.

### **ADDITIONAL COSTS**

#### **Home Therapy System (HTS)**

- Your child may be prescribed various home treatments. If Visual Therapy is prescribed for home use, an HTS kit must be purchased at an additional cost.

#### **Blood Analysis (available through Body Bio Laboratories)**

- All lab blood work ups are at an additional cost to the patient. A Blood Chemistry Analysis and a Red Blood Cell-Fatty Acid Analysis may be prescribed.

#### **Nutritional/Diet Analysis**

- As a result of the blood tests, dietary consideration will be addressed and necessary supplements may be recommended at an additional cost to the patient.

#### **Completion of the Program**

- Upon completion of the program, Dr. Chiappino will perform a final examination.
- Academic Re-testing will be performed to measure your child's progress
- Assessment will be made as to whether or not your child needs an additional treatment
- Final consultation with Dr. Chiappino to discuss your child's progress

