Developmental and Rehabilitation Services
TheraSuit Method Intensive Program (TMIP)
Parent/Caregiver Contract

Your child has been selected to participate in the TMIP, an innovative and exciting intensive therapy program. Before the TMIP begins, you must read and agree to each item below:

☐ I agree to bring my child to the scheduled appointments: Monday through Friday from ______ to ______ for the dates ______ through ______. I understand that once the intensive therapy schedule begins there are no planned make up sessions.

☐ I agree to be on time for all sessions. Arrival time is 30 minutes early for the first session in order to complete the registration process and necessary paperwork.

☐ I agree to bring snacks for my child during each daily intensive session. This will include enough water or juice to stay hydrated, and healthy snacks (e.g. fruits/vegetables, cheese/nuts-as diet allows) to ensure my child has enough energy to participate.

☐ I agree to dress my child in lightweight, comfortable clothes, long pants included, and bring socks and a change of clothing. I may bring a change of clothing for the ride home.

☐ I agree to sign a release to have my child video taped and photographed.

The following important information is vital to the success of this program:

▷ Your child will need to be assessed using two standardized tests and one parent-screening tool. These same assessment tools will be used once the TMIP has been completed to measure progress.

▷ This program is only successful when attended fully and completed for the full 3-week session. It requires you to make a commitment to ensure scheduling that allows your child to fully participate in this intensive program each and every day.

▷ A comprehensive home program will be provided including pictures and video for you to follow at the completion of the program. You will need to be present during the therapy sessions the last week in order to be instructed in the home program for your child.

▷ Your child may resume traditional physical and/or occupational therapy once the TMIP session is complete. Please advise your child’s therapist of the date that they will be returning to traditional therapy.

▷ If you are interested in obtaining your own Therasuit® for home use you must complete specific training during the program to ensure you can safely apply and use the Therasuit®. Your TMIP team can provide you with additional information and a letter of medical necessity.

I have reviewed and agree to the above information and requirements for participating in the Therasuit Method Intensive Therapy Program. By signing below, I certify that I have read this form, and that I am the child’s legal agent to accept its terms. I have received a copy of this form prior to the start of therapy services.

____________________________________   __________________________
Print name of parent/caretaker      Relationship to child

____________________________________   _____________________________
Signature of parent/caretaker      Date