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## Behaviour Support Worker Contract for Services

Entered into this (month), (the “effective date”) between:

\_\_\_\_\_ (“parents”) of  
\_\_\_\_\_ (“child”).

and

Sharee Dubowits, Sol Outdoor Learning (“therapist”)

This contract is intended to describe the working relationship between the parents and the therapist. Where the therapist has knowledge, experience, and training in Behaviour Analysis and is supervised by a Board-Certified Behaviour Analyst (BCBA), Speech and Language Pathologist (SLP) and/or Occupational Therapist (OT) (any or all of whom to be name the “supervisor”). The therapist is available for 1:1 direct therapy in the home, outdoors, school settings, or virtual setting (Zoom) and wishes to make the following guidelines and terms of service preferences clear:

### THERAPIST SHALL BE RESPONSIBLE FOR:

- a. Careful implementation of the behaviour support program, following recommendations from the supervisor, implementing a written behaviour plan.
- b. Recommending or suggesting materials to be incorporated into the child’s program.
- c. Assisting parents in recruiting or hiring additional therapists.
- d. Maintaining session notes and monitoring progress for each child’s program.
- e. Maintaining adequate open and honest communication with the parents regarding expectations and/or any program changes, responding to requests for information, reports, and/ or data analysis in a timely manner.
- f. Available for 1:1 direct therapy and attending team meetings periodically along with the supervisor.
- g. Maintaining confidentiality regarding all information involving the client.

### PARENTS SHALL BE RESPONSIBLE FOR:

- a. Maintaining adequate open and honest communication with the therapist regarding child therapy progress, therapy expectations and/or any program changes, and responding to requests for information, reports, or data in a timely manner.

- b. Maintaining a consistent day-to-day therapy schedule with the therapist.
- c. Monitoring child's progress in program, data records, and anecdotal data.
- d. Making sure child is ready and available for the session on time and picking the child up on time.

## **PROBATIONARY PERIOD**

- a. The therapist's term is subject to a three (3) month probationary period. The parents may terminate this agreement with immediate effect at any time during, or at the end of the probationary period. In such event, the parents are only liable to the therapist for unpaid remuneration or expenses.

## **LIMITATION OF LIABILITY**

- a. It is understood and agreed that the therapist will have no liability to the client or any other party for any loss or damage (whether direct, indirect, or consequential) which may arise from the provision of services.

## **PAYMENT**

- a. Therapist charges \$60 per hour for: 1) direct 1:1 therapy, 2) any prep work done outside of therapy time for the child, and 3) any meetings conducted between the parents, supervisor and the therapist regarding the child.
- b. Parents can pay privately or allocate an outside funding source (ex. MCFD Autism Funding Unit, Fawkes Academy, Self Design or grant) to pay for services. The therapist will provide the parents with an invoice at the end of each month or bi-weekly, whichever is preferred by the family.
- c. The contract is subject to be reviewed annually in lieu of inflation.

## **SICK/FAMILY EMERGENCY AND CANCELTION POLICY**

- a. If the child is exhibiting any of the following:
    - Fever over 37.5° C (99.7°F)
    - Coloured mucus that is yellow/green
    - Infected eyes or skin
    - Any type of contagious or communicable disease such as RSV, flu, measles, mumps, rubella, or chicken pox
    - Unexplained diarrhea or loose stool, nausea, vomiting or abdominal cramps
    - An acute cold with fever, runny nose and eyes, a "croupy" cough or congested to the point that he/she has heavy breathing
    - Requires any medicine (ex. Gravol, Advil, Tylenol) required to treat above symptoms
- please contact the therapist immediately to cancel or modify the session (ex. virtual) until the child's symptoms subsided and/or test negative for COVID-19.

- b. If the therapist arrives at a session and the child is visibly ill, the therapist will cancel the session and the parents will be invoiced for the scheduled session.
- c. While last-minute situations can arise such as a family emergency, the therapist appreciates receiving 24 hours notice for any cancellation be it an emergency or illness.
- d. Cancellations received with less than 24 hours will be charged for the session.
- e. If the therapist is ill, the session will be cancelled. A 24-hour notice would be provided to the family when possible and the family will not be charged for the session.

## **HOLIDAYS**

- a. The therapist is not responsible to work during any statutory holidays such as: New Year's Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, BC Day, Labour Day, National Truth and Reconciliation Day, Thanksgiving Day, Remembrance Day, and Christmas Day.
- b. The therapist will communicate with the parents regarding working hours for any other breaks such as Spring Break, Summer, and Christmas Break.

## **NOTICE POLICY**

- a. The therapist agrees to provide a minimum of 30 days written notice before resigning the position and asks the same from the parents before terminating the therapist.
- b. The therapist agrees to help train the replacement staff, should the therapist resign.
- c. The therapist asks for a minimum of 1 week notice for any extended period of absences due to illnesses.
- d. The therapist asks for a minimum of 2 weeks notice for any extended period of absences due to vacation.
- e. The therapist will provide the parents with 2 weeks of notice prior to taking a vacation.

*All policies above are subject to change.*

Parent Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_