



Family - Centered Agreement

Moving Mountains Therapy Center is focused on family - centered services where we view families as equal partners. We understand that families are the experts and ultimate decision-makers regarding their needs and the needs of their child. Intervention at Moving Mountains Therapy Center focuses on strengthening and supporting family functioning. Thus, the therapy we offer is individualized, flexible and responsive to the needs you have identified for your family and child. To ensure your family is held at the center of the therapeutic process we ask you to commit to the following family-centered principals:

1. I understand that I am the expert of my child and play the biggest role in his/her progress. **Initial** _____
2. I will advocate for the hopes and dreams of my child. **Initial** _____
3. I will take an active part in the evaluation process and complete an assessment tool or checklist to ensure the therapist understands my child's behaviors across environments. **Initial** _____
4. I will make sure that I understand and agree to the treatment goals and plan of care throughout the intervention process. **Initial** _____
5. I will help my child with the skills they are working on in therapy by helping my child with recommended practice at home regularly. **Initial** _____
6. I will report back to my attending clinician regularly regarding progress at home. **Initial** _____
7. I will provide information on the ecology of our family in order to ensure the therapist is respectful of the racial, ethnic, cultural and socio-economic diversity of our family. **Initial** _____
8. I will be an active participant in my child's therapy sessions by being physically present and participating in my child's therapy sessions. **Initial** _____

If I am unable to be physically present and participating in my child's therapy sessions I will complete the following steps:

- a. I will observe my child's session on-site via the house video system.

Yes **No** - *If "No" please explain why you cannot meet this requirement below.*

- b. I will participate in in-person consultations and collaborations regarding care planning for a minimum five minutes during each of my child's therapy sessions.

Yes **No** - *If "No" please explain why you cannot meet this requirement below.*

Moving Mountain Therapy Center actively seeks your perspective including your concerns, opinions and needs. By offering your feedback you are helping to ensure that our policies, services, and resources are responsive to your family's and child's needs. Please contact us at anytime with feedback regarding the quality of services you are receiving at Moving Mountains Therapy Center. Contact: email - info@mmtherapycenter.com phone - 406-396-4130

Parent Signature : _____

Clinician Signature : _____

Date: _____

Date: _____