Therapist/Tutor Service Agreement

Description:

- Carefully follow through on programming using ABA techniques and the Behavior Consultant's recommendations
- You will be working independently during your shifts. Direction if required will come from the Behavior Consultant and/or Senior Therapist
- Be prepared to play, make believe and have fun
- Accurately track data at end of each shift
- Must be team player and accept feedback from the Behavior Consultant
- Must be respectful towards Behavior Consultant, therapists, our child(ren) and other family
- Payment is $__/hr. after initial training period and will be reviewed after 3 months

Training:

- Attend Basic ABA Theory and/or Line Therapist Workshop
- Subsequent training is provided in our home under the direction of the Behavior Consultant
- Additional support and/or training may be provided upon request
- Payment during training period is $__/hr.

Team Meetings:

- Team meetings are held on a monthly basis (approx. 2 hr. each)
- Team meetings are used to implement new programs and maintain consistency among team members
- Team meetings are scheduled one month in advance
- The Behavior Consultant or family may request bi-weekly meetings
- Please do not miss any meetings – they are vital to our child's success
- In the event that a meeting is missed, the notes should be reviewed prior to your next session

Scheduling:

- Shifts are 2-3 hours (working one-on-one with child for 1.5 to 2.5 hours)
- Shifts are scheduled one month in advance at mutually agreed upon times
- Shifts are generally scheduled on statutory holidays (regular rate) – these are voluntary and are only scheduled upon therapist's approval

Time-Keeping

- Please be punctual for your shifts and monthly team meetings
- Please record each shift and hours worked on the Daily Service Record located in the binder
- A summary of your hours worked along with your payment will be provided at month-end

Therapist Initials: _____

Parent initials: _____

Feedback**:**

- Feedback will be provided in writing to the therapist, parent and Consultant
- Regular feedback is crucial to our child's success
- Videotaping may be conducted for the purposes of training and assessment.

Confidentiality:

- Please do not discuss our child, family or our team outside our home
- Please do not discuss other teams in our home
- Your discretion is very much appreciated

Concerns:

- Please feel free to contact either the parents or Senior Lead Therapist if you have any questions or concerns about the program, behaviors, etc.

Cessation of Services:

- If for any reason, your goals change and you decide to leave the team, please provide adequate notice of your intentions. This will provide the family with adequate time to find a replacement

Employment Status

- You are not an employee and we are not an employer. You will function as a self-employed contractor. This means that we will not deduct any tax, EI or CPP from your payment. It is your responsibility to submit your earnings to the government every year on your income tax form. We will not supply you with a T-4 slip. We will however provide you with a copy of all of your invoices and receipts at year end.
- Please provide your own reinforcements. Reimbursement will not be provided.
- As a self-employed contractor, you are able to claim certain expenses. For example, you may be able to claim for travel costs and equipment costs on your tax return. Refer to the Revenue Canada website for more information.
- As a self-employed contractor, you will not be entitled to any EI benefits.
- You have the right to refuse any shift.
- You are not entitled to such benefits as sick leave, maternity leave, vacation pay or disability, etc.
- No severance pay will be forthcoming if you no longer work with our child

Signature: _____ (Therapist) Date: _____

Name (Print): _____

Signature :_____(Parent) Date: _____

Name (Print): _____