



11959 SW Garden Pl,
Portland, OR 97223
(503) 754-9794

Parent Handbook





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Welcome!

You are warmly welcomed as clients with us at Spectra Gymnastics! We are thrilled that you trust us with your child and implementing Applied Behavior Analysis. Spectra is a special place, created to provide an inclusive environment for our students and community, absent of judgment & discrimination. Our culture has been fostered through nurture, love, and care and it is important that everyone continues to contribute in this effort.

History of Spectra Gymnastics

Spectra was founded in 2014 by our owner, Karissa Johnson. Her passion for supporting neuro-diverse individuals through movement and play which is how Spectra was born! Over the years, we have served thousands of community members through our specialized programs. For all of our services we value best practices while focusing on the overall development of each individual. We are proud to offer your family multiple services at our facility.

Our offerings include

- Applied Behavior Analysis (ABA)
- Speech Therapy
- Inclusive Preschool
- Adaptive Ninja Classes
- Adaptive Gymnastics Lessons
 - Fostering friendships- social gymnastics lesson
 - Private lessons
 - Sibling lessons

Mission Statement

Is to celebrate and embrace all abilities without judgment, regardless of personality, behavior, or cognitive differences. Through our programs, Spectra strives to provide a nurturing, structured, and inclusive gymnastics environment. We offer premium-level service to inspire and promote social growth and development through a sensory-rich gymnastics experience, no matter where the student is in their journey.



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Modalities



THERAPEUTIC

Our highly trained staff incorporates a variety of positive reinforcement strategies to grow gross and fine motor development. We use a behavioral approach in teaching to develop social and emotional communication skills on all levels.



RECREATIONAL

Our goal is to create an inclusive, safe, and encouraging environment for all learners and abilities to feel personally successful. We emphasize our kid's and students' "proud moments" and believe firmly in the power of learning through fun movement and play!



SOCIAL PLAY

We use gymnastics and the gym environment to facilitate positive social interactions. Through group classes, we provide our kids and students with a supported environment to practice social communication and gain confidence among peers.

Standard of conduct

It will be the responsibility of the staff to abide by the ethical statements listed in the Behavior Analyst Certification Board's Code of Ethics and Spectra's Code of Conduct. Spectra will also abide by any federal and local laws as well as any contractual rules and regulations provided by the insurance companies. Spectra strives on creating an environment where everyone feels comfortable asking questions and addressing concerns. With this, all staff will not abuse the power and authority on any positions or titles. If any concerns arise while you are with Spectra, please bring the concerns up with your BCBA. If you have specific concerns regarding your BCBA please reach out to Brian or Karissa to discuss these concerns.

Harassment: Spectra strives to create an environment where all individuals feel safe and are created with respect. Spectra will not tolerate any forms of harassment based on race, sexual orientation, color, religion, sex, gender identity, national origin, age, disability, military or veteran status, or any group protected by state or local laws. Sexual harassment is a form of discrimination and is prohibited by law. Sexual and unlawful harassment may include a range of behaviors and may involve individuals of the same or different gender. All harassment is strictly prohibited and should be reported.

Conflict of interest: Our ethics code states that we cannot provide services to a client that has a conflict of interests. Here is a list of examples that may result in a conflict of interest.

Supervising family members, roommates, significant others, or closely related persons

- Forming a dual relationship with client caregivers, family members, or guardians. See examples below:
 - Accepting gifts, discounts, favors or services from a client or potential client
 - Engaging in social media with a client or potential client, caregiver, or family of guardians



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- Attending family social events (i.e., birthday parties, dinners, baby showers, etc.) with clients or potential clients
- Forming romantic relationships with coworkers is discouraged. If you intend to enter a romantic relationship with a coworker, you must disclose this information to HR before establishing the relationship.

HIPAA: All spectra employees will abide by HIPAA rules and regulations to protect your child and your family's private information. Any questions regarding confidentiality can be addressed with your BCBA.

Media: Following HIPAA guidelines, there will be no identifying information in regards to your child or your family on any social media platforms or our website.

Client Rights

- The client has the right to respectful care given by competent workers.
- The client has the right to know the names and the jobs of his or her caregivers.
- The client has the right to privacy with respect to his or her medical condition. The client's care and treatment will be discussed only with those who need to know.
- The client has the right to have his or her medical records treated as confidential and read only by people with a need to know. Information about The client will be released only with permission from the patient or as required by law.
- The client has the right to good quality care and high professional standards that are continually maintained and reviewed.
- The client has the right to make informed decisions regarding his or her care and has the right to include family members in those decisions.
- The client has the right to have help getting another therapist's opinion at his or her request and expense.
- The client has the right to care without regard to race, color, religion, disability, sex, sexual orientation, national origin, or source of payment.
- The client has the right to be given information in a manner that he or she can understand. The client who does not speak English, or is hearing or speech impaired, has the right to an interpreter, when possible.
- The client has the right to treatment that avoids unnecessary discomfort.
- The client has the right to a copy of his or her bills. The client also has the right to have the bill explained.
- The client has the right to request help in finding ways to pay his or her medical bills.



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- The client has the right to help in planning for his or her discharge so that he or she will know about continuing health care needs after discharge and how to meet them.
- The client has the right to access people or agencies to act on the patient's behalf or to protect the patient's right under law. The client has the right to have protective services contacted when he or she or the patient's family members are concerned about safety.
- The client has the right to be informed of his or her rights at the earliest possible time in the course of his or her treatment.
- The client has the right to personal privacy and to receive care in a safe and secure setting.
- The client has the right to be free from all forms of abuse or harassment.
- The client has the right to be free from the use of seclusion and restraint, unless medically authorized by the physician. Restraints and seclusion will be used only as a last resort and in the least restrictive manner possible to protect the patient or others from harm and will be removed or ended at the earliest possible time.
- The client has the right to have his or her complaints about care resolved.

Client Responsibilities

- Following the organization's rules and regulations as they are explained or as described in printed material.
- Providing, to the best of their knowledge, a complete and accurate medical history when requested to do so.
- Informing their provider if they do not understand their treatment plan or what they are expected to do.
- Following the recommended treatment plan presented by the provider (or designate).
- Informing their provider or organization representative if there is an unexpected change in their condition or if problems arise in treatment.
- Paying their reimbursement charge or for informing the organization if they cannot pay the bill so that other arrangements can be made. Patients are responsible for being familiar with the nature and extent of their insurance coverage including referral and authorization requirements.
- Patients and their families are responsible for reporting perceived risks in their care and unexpected changes in the patient's condition. Patients and families also have the right to education about their role in helping to facilitate the safe delivery of care.

Policies and Procedures



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Staff responsibilities: Your child will have one BCBA on their team. The BCBA is the main point of contact and is the case supervisor. Your BCBA is responsible for case updates, goals related to the treatment plan, supervision, and parent training. Once your case is established, your child will have multiple RBAI's or therapists depending on the number of hours approved/availability. The RBAI responsibility is to provide the majority of your child's 1:1 hours for therapy. The BCBA will provide supervision to the RBAI. During supervision, the BCBA will review any procedures, update/create new procedures, and ensure that the programs are running smoothly and as described.

Parent training: It will be required to attend 2 parent trainings per month, at least one in person meeting. It is recommended that parent training sessions be held weekly. It is also recommended that parent training meetings occur frequently in the home setting to ensure skill development is generalizing. If 3 are 3 consecutive missed parent training sessions, without any makeup sessions, a meeting will be held with the BCBA and the clinic supervisor to discuss these concerns and determine a solution to meet these requirements with written action plan. We at Spectra understand that scheduling these meetings can be extremely difficult, but parent training sessions are extremely important to your child's growth. We are willing to work around your schedule to ensure well rounded therapy.

Coordination of care: Spectra will coordinate and work with your child's other service providers, as long as treatment does not conflict with our ability to provide treatment in accordance outlined in the treatment plan. All treatment provided by Spectra will be evidence based. If you or the other provider, are wanting non-evidence based treatments the BCBA, clinical director, and the family will schedule a meeting to discuss arrangements. BCBA will provide informed choices and risk factors with providing non evidence based treatments. Spectra will not implement non-evidence based procedures. If an agreement can not be acquired, a transition plan will be followed.

Home sessions: If home sessions are provided, it is required for a caregiver to be present in the home while the therapist is present. Parents are required to participate in caregiver training, but it is not required to participate in home sessions, unless it's recommended for the therapy. Caregivers' responsibility will be to assist whenever needed with session. If an emergency arises, it will be the caregivers responsibility to assist the therapist. The BCBA should be contacted and updated as quickly as possible.

Reporting Procedures: Communication is key in this field and it's your BCBA's responsibility to ensure open communication. No matter the issue (i.e., compliant, suggestion, or observation) we want to hear from you. If you do not feel comfortable discussing a topic with your BCBA, feel free to raise the concern with the director or management.



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Punctuality and Tardiness: Due to the nature of the work, it is very important to arrive on time for your scheduled sessions. If you are running late, it is important to communicate with the staff on your child's team. Frequent tardiness will be subjected to meet with the team to discuss an action plan.

Calling in sick: If your child or your family have symptoms that will prevent you from attending therapy it is important to communicate with your child's team as soon as possible to coordinate the absence. Depending on the symptoms, your child's BCBA may require multiple days away until they are symptom free. The earlier this is communicated to your child's team, the better so that we can coordinate the makeup of hours for our staff and your child.

Scheduled absences: Please coordinate these dates with your BCBA no later than 2 weeks before the trip. If you can give more than 2 weeks advance notice, please do as this will be easier for your child's team to coordinate.

Cancellation of services: If your family is wanting to end services, Spectra Gymnastics asks for a 30 day written notice. If coordination of services and care needs to be scheduled, please reach out to your BCBA. If your family is looking to cancel services without losing services, more than 30 days may be required in order for this to be accomplished. Please communicate with your BCBA.

Drop off and pick up: Students will be escorted to the front of the door prior to your session. Upon arrival, students must use hand sanitizer, provided at the entrance. At the door/waiting area, the therapist or BCBA will greet you. Once greetings any communication details are complete, parents and client will say goodbye and begin the transition for the day. When it's the end of the session, parents will meet the therapist and the client in the same area. Therapists will provide updates on the day.

Transportation: transportation of clients is not available with Spectra Gymnastics.

Dress code: Please dress your child in comfortable clothing, limiting any jewelry or accessories that may be harmful while in the clinic. We ask there are extra clothes in their backpacks, just in case any accidents occur.

Communication: Communication is very important! Email is frequently used for communication purposes with your clients team. It is expected to respond to emails in a timely manner. Phone calls and text messages are also often used. Your client's team will share their contact information right away. It is key that your BCBA is within all communication channels.



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Clinic closures: The clinic will abide by Portland Public School system closures when it comes to extreme weather or snow days. The following holidays the clinic will be closed to recognize the holiday:

- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day
- New Years Day
-

*Note- the clinic may be closed for longer period of times in the month of December (i.e., up to two weeks off for Christmas and New Years)

Life threatening emergencies: In an event of an emergency, please contact 9-1-1 immediately. If the event does not warrant a phone call to 9-1-1, therapists are to immediately inform the child's parents. If assistance is needed the therapist and or parents should call the BCBA on the case or Karissa Johnson. For high-risk cases, additional training will be provided.

Sentinel event: If an unexpected sentinel event occurs it's the caregivers responsibility to report this event to the BCBA. The BCBA and the caregivers will determine appropriate goals and further actions to address the event. If any events relate to client injury, create an incident report that should be stored in the client HR file. Depending on the event, it will be the BCBA's responsibility to report to the HR team to update any policies or procedures that are relevant to the event.

Medications: Spectra staff will not be responsible for administering any medications to the client. It will be the caregivers responsibility, either in home or on site.

Quality Improvement Process: Spectra celebrates and embraces all abilities without judgment, regardless of personality, behavior, or cognitive differences. Through our programs, Spectra strives to provide a nurturing, structured, and inclusive environment. We offer premium-level services to inspire and promote social growth and development through a sensory-rich gymnastics and therapy experience, no matter where the student is in their journey.

It is the policy of Spectra Gymnastics to provide quality in everything we do, meeting the customer expectation with programs and services to the agreed requirements, details, and price.

The Directors, Management, and Staff are responsible for Quality Control in everything we do seeking improvement by constant review, with clients, team members, suppliers, and subcontractors being encouraged to cooperate. The company is committed to achieving customer satisfaction by the use of documented quality procedures and policies which all staff adhere and are measured to.



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Covid-19 Vaccination Policy

Implemented September, 2021. Spectra Gymnastics requires all employees and volunteers to be fully vaccinated before the individual's scheduled start date. Because Spectra operates similar to a child health care facility, such as Occupational Therapy, we believe it is our responsibility to protect our community of students, parents, caregivers and staff members.



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Client Information

This form must be completed by the child's parent or legal guardian.

Child's Name: _____	Nicknames: _____
Date of birth: _____	Gender: _____
Language spoken: _____	
Address: _____	

Primary Contact

Name: _____	Relationship: _____
Phone: _____	Email: _____
Consent to electronic communication: YES NO	
Emergency contact: YES NO	

Secondary Contact

Name: _____	Relationship: _____
Phone: _____	Email: _____
Consent to electronic communication: YES NO	
Emergency contact: YES NO	

Primary Health Insurance

Subscriber Name: _____	Child's relationship to subscriber: _____
ID Number: _____	Group Policy number: _____
Subscriber DOB: _____	

Acknowledgement and Waiver

I acknowledge that I have reviewed the Parent Handbook and agree to the policies stated in the handbook for Spectra Gymnastics.

Guardians name: _____ Date: _____

Signature: _____



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Pick Up/Drop off Authorization Form

Must be completed for all individuals who will be participating in drop off and pick up.

The following people have my permission to pick up and drop off my child

Name: _____ Relationship: _____ Phone number: _____	Name: _____ Relationship: _____ Phone number: _____
Name: _____ Relationship: _____ Phone number: _____	Name: _____ Relationship: _____ Phone number: _____

Risk Assessment

Release of Liability and Assumption of Risk The minor child(ren) named below, by and with the consent of the parent or legal guardian named below (collectively referred to as "I" or "me"), desires to participate in the organized gymnastics activities (the "Activities") provided by Spectra Gymnastics LLC, an Oregon Limited Liability Company with offices located at 8344 SW Nimbus Avenue, Beaverton, Oregon 97008 ("Spectra"). I agree to the terms and conditions of this agreement (the "Agreement"): I am aware and understand that Spectra offers its services at a cost that reflects the fact that it will not, and cannot, be monetarily responsible for personal injuries that may occur at Spectra's premises or elsewhere. As lawful consideration for that recognition, and in consideration of the right to participate in the Activities, I expressly waive and release any and all claims, now known or hereafter known in any jurisdiction throughout the world, against Spectra, and its officers, directors, employees, agents, affiliates, members, successors, and assigns (collectively, "Releasees"), on account of any injury, death, or property damage arising out of or attributable to my participation in the Activities or my use of any gymnastics equipment, whether arising out of the negligence of Spectra, any Releasees, or otherwise. I covenant not to make or bring any such claim against Spectra or any other Releasee, and forever release and discharge Spectra and all other Releasees from liability under such claims. I represent and warrant that I carry and am covered by adequate medical insurance. I also give my consent to Spectra to provide, through a medical provider of its choosing, such medical attention, services, transportation, and/or emergency medical services as Spectra deems reasonably necessary in its sole discretion. This provision does not, and is not intended to, place any obligation on Spectra to provide any medical attention, services, transportation,



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and/or emergency medical services to anyone. I AM AWARE AND UNDERSTAND THAT GYMNASTICS ACTIVITIES ARE INHERENTLY DANGEROUS ACTIVITIES AND USING GYMNASTICS EQUIPMENT IS ITSELF INHERENTLY DANGEROUS, AND BOTH INVOLVE THE RISK OF SERIOUS INJURY, DEATH, AND/OR PROPERTY DAMAGE. I ACKNOWLEDGE THAT ANY INJURY I SUSTAIN AT SPECTRA MAY BE COMPOUNDED BY THE NEGLIGENT EMERGENCY RESPONSE OR RESCUE OPERATIONS OF SPECTRA. I ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN THE GYMNASTICS ACTIVITIES AND USING GYMNASTICS EQUIPMENT WITH FULL KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, DEATH, OR PROPERTY DAMAGE, WHETHER CAUSED BY THE NEGLIGENCE OF SPECTRA OR OTHERWISE. This Agreement constitutes the sole and entire agreement between Spectra and I with respect to the subject matter herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. This Agreement is binding on and shall inure to the benefit of Spectra and I and our respective successors and assigns. All matters arising out of or relating to this Agreement shall be governed by and construed in accordance with the internal laws of the State of Oregon, without giving effect to any choice or conflict of law provision or rule (whether of the State of Oregon or of any other jurisdiction). Any claim or cause of action arising under this Agreement may be brought only in the federal and state courts located in Multnomah County, Oregon, and I hereby consent to the exclusive jurisdiction of such courts. I further acknowledge and agree that Spectra may record, transmit, display, or otherwise use still and/or video images of me (and/or my minor child), for promotional or other purposes, in Spectra's sole discretion, and such still and/or video images are solely the property of Spectra. By applying for and participating in any Activities and/or using any gymnastics equipment, I am consenting to the use of my (and/or my minor child's) likeness and image for all purposes, without compensation or additional notification. BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE SPECTRA: I am the parent or legal guardian of the minor named above. I have the legal right to consent to and by signing below I do hereby consent to the terms and conditions of this Release.

Guardian Printed Name

Date

Guardian Signature



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Medical Information and Consent Form

Childs name: _____ Date: _____

Medical Physician (PCP)

Name: _____

Phone number: _____

Facility: _____

List any serious illnesses or medical condition:

List any known allergies:

Medication List

Medication Name	Reason for medication	How often? AM/PM



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Medical Consent Form

This form must be completed by the client's parent or legal guardian.

Child's name: _____

By signing below, I acknowledge that we may or not be available to provide consent for medical treatment in the event that our child becomes sick or is injured and during participation in a Spectra Gymnastics authorized activity. This form hereby authorizes Spectra Gymnastics and its staff to act on our behalf with respect to any required medical treatment decisions and consents until such time as we are not able to provide these items. Notice is hereby given to any qualified medical personnel who are directed to act upon such authorization without delay. I agree to assume financial responsibility for all expenses and bills incurred in any emergency requiring medical attention.

Guardian Printed Name

Date

Guardian Signature



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Permission for SPOT TV

Spot TV

I understand that I have enrolled my child or children at (SPECTRA GYMNASTICS) located at (11959 SW GARDEN PLACE, PORTLAND, OR 97223), also referred to herein as the "Childrens Activity Center". The Children's Activity Center has a program whereby webcams are in use and my children are under streaming video surveillance that is to be used solely for the purposes of: Spectra Gymnastics security; Children's Activity Center staff training; and real-time secure accessibility from the web in accordance with the terms and conditions associated with the Spot TV website (also referred to herein as "Spot TV"). No other uses of any video or audio footage, photographs, or other recordings of myself and/or my children may be made by Children's Activity Center without my express written consent. By my signature below, I hereby consent, subject to the conditions above, to the photographing of myself and/or my minor child(ren) and the recording of my voice and or that of my child(ren) named below. I agree that I have no rights to any of the video footage or photographs for any reason at any time. I also agree that I will not screenshot, copy, reproduce, alter, modify, or create derivative works from the Content and Service. I understand that unauthorized recording, duplication, or distribution of this copyrighted work is illegal. I assume full liability of all the terms outlined in this release for any family member's account activity associated with my child or children. Copyrighted work includes all web streaming and video/audio recordings. I understand that legal action can be taken against me by Spot TV or Children's Activity Center for such copyright infringement. I understand that the term "photograph" as used herein encompasses still photographs, audio, and motion picture footage.

*Please review online security features, privacy policy, and terms of service on Spot TV's website, <https://www.spottv.pro/live/>

- I give permission and consent for Spectra Gymnastics to use Spot TV
- I do **NOT** give permission and consent for Spectra Gymnastics to use Spot TV

Guardian Printed Name

Date

Guardian Signature



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Permission to photograph/videotape/audiotape

Child's name: _____

Please review and indicate your preference below

Video/Audio recording

Spectra Gymnastics utilizes photographs, audio, and/or video recording for educational purposes, and to train staff members. We may also use these recordings during your parent training sessions. Photographs, audio, and/or video recording are not only used within our organization and will never be distributed or shared outside of Spectra Gymnastics, or used for a purpose outside of education or training with our staff and/or your family. To revoke your consent, please notify your BCBA in writing.

Please check all that apply

- I give my permission and consent for Spectra Gymnastics to:
 - Photograph** my child and/or myself during the time my child is enrolled in services for the purpose of education and training at Spectra Gymnastics
 - Audiotape** my child and/or myself during the time my child is enrolled in services for the purpose of education and training at Spectra Gymnastics
 - Videotape** my child and/or myself during the time my child is enrolled in services for the purpose of education and training at Spectra Gymnastics

- I do NOT give my consent for my child to be photographed, audiotaped, or videotaped

Guardian Printed Name

Date

Guardian Signature



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Release to Disclose Confidential Information

This form must be completed by the client's parent or legal guardian

Child's name: _____ DOB: _____

Name: _____	
Address: _____	Email: _____
Telephone: _____	Fax: _____

I authorize Spectra Gymnastics LLC to: <ul style="list-style-type: none"> <input type="checkbox"/> Exchange information with <input type="checkbox"/> Receive information from <input type="checkbox"/> Provide information to 	In the modality of: <ul style="list-style-type: none"> <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Telephone <input type="checkbox"/> In person 	For purposes of: <ul style="list-style-type: none"> <input type="checkbox"/> Treatment planning <input type="checkbox"/> Coordination of care <input type="checkbox"/> Other: _____
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I have reviewed and I understand this Authorization. By signing this, I understand that I am directing you to disclose information/to receive information from a person or organization that may not have or obey the same obligations to protect privacy under state and federal law. The disclosure of the information specified above carries with it the potential of an unauthorized re-disclosure and loss of protection under state and federal law. Communication by electronic means, i.e. Fax or E-mail, may not be secure and presents a significant risk to patient confidentiality. By requesting the exchange of information or communication by E-mail or by Fax I acknowledge that I am aware of these significant additional risks to confidentiality and agree to assume these risks and know that confidentiality, review, re-disclosure, dissemination, distribution or copying of this information cannot be guaranteed.

Guardian Printed Name

Date

Guardian Signature