



Helping Every Child Reach New Heights

*Helping children, adolescents and families realize their potential*

## EDUCATIONAL THERAPY/CONSULTANT AGREEMENT

\_\_\_\_\_, Educational Therapist/Consultant

### Philosophy

Welcome to Summit Center. The world is made up of diverse learners. We all have strengths and striving areas. Some students have gifts that are not being developed in current school settings; others have learning differences or disabilities that make school learning difficult. We believe that when learning challenges and abilities can be identified and defined, strategies can be developed to remediate the problems and/or compensate for them. Our primary role is to assist clients, families, or educational development teams in finding strength-based strategies to unlock learning and help children and youth move forward in building self-advocacy and educational independence.

### Confidentiality

We are ethically and legally bound to protect the confidentiality of our communications. We will only release information about our work to others with your written permission or in response to a court order. There are some situations in which we are legally obligated to break confidentiality in order to protect you or others from harm. If we are aware that a child or elderly or disabled person is being abused, we must make a report to the appropriate state agency. If a client is in imminent risk to him/herself or makes threats of imminent violence against another, we are required to take protective actions. These situations are quite rare in educational therapy and consulting practices. If such a situation occurs in our relationship, we will make every effort to discuss it with you before taking any action.

### Consultation

Summit Center professional staff consult with one another in order to provide the highest and most effective level of personal care. I give Summit Center professional staff permission to consult about my/our child's needs when they feel it will be helpful to my/our child's treatment goals.

### Agreement for Educational Therapy/Consulting

We are looking forward to working with you as an Educational Therapist/Consultant and part of a team that includes our client, family, teachers, and other professionals. Please keep all scheduled appointments to ensure consistency for your child. If cancellation is necessary, please give **24 hours notice**. With the exception of family emergency or sudden illness, the regular fee will be charged if sessions are missed without cancellation.

The services to be provided by educational therapists and consultants are designed collaboratively with our client/s. Our educational therapy and consultant services are usually provided at Summit Center, but may also be provided by telephone or online. Fees are also charged for time spent on review of documents, assessment scoring, and report-writing, as well as advocacy and other communication and collaboration with teachers, counselors, and ancillary support providers. If asked to attend a meeting or provide services outside our office, fees will cover travel time and expense, as well as the actual meeting/session time. Educational therapists may have an additional charge for materials. Fees are \_\_\_\_\_/per hour plus expenses if relevant. Summit Center bills biweekly and uses credit card information filed with the office.

Parents are encouraged to call and briefly discuss concerns they may have regarding their child's progress. Telephone or email messages will be returned within 24 hours. Good communication is an essential part of educational therapy and consultation. There is no charge for telephone calls of ten minutes or less or brief email correspondences with parents.

### E-Newsletter:

I would like to receive Summit Center's e-newsletter. I understand that I may cancel at any time.

I do not wish to receive Summit Center's e-newsletter.

I /We agree to these terms:

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Name Printed \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider Name Printed \_\_\_\_\_

## Release Form, and Client Information

**Release form:** I grant permission for \_\_\_\_\_ to share information and consult professionally with other staff members at Summit Center. In addition, she has my/our permission to consult with the following allied professionals (please include contact information).

This release is effective for one year from the date signed, and is revocable at any time with your written notification.

Parent/Guardian Signature

Parent Name (printed)

Date signed

Initial if Copy of Contract Received