



EDUCATIONAL THERAPY AGREEMENT

No two individuals learn exactly the same way. Many have learning differences and disabilities that make school learning difficult. I believe that if learning problems can be identified and defined, strategies can be developed to remediate the problems and/or compensate for them by drawing on strengths. This involves the commitment of the individual and the team of people involved in his or her educational development. Those who want to meet the challenges presented by their learning problems must be ready to engage and work hard in the process, and to recognize and enjoy success. Families must provide support, structure and encouragement for this process. We will all work with schools and teachers.

Although learning differences and disabilities may be addressed through challenges presented by specific homework assignments, my role is not that of an academic tutor. My primary role is to help my client become a more effective and organized learner. I am willing to make a long-term commitment to a client, but my ultimate goal for that client is self-advocacy and educational independence.

I am a member of the Association of Educational Therapists and I am committed to upholding and advancing the Code of Ethics and Standards for Professional Practice of this organization. This includes maintaining confidentiality. I will seek your written permission to work with allied professionals.

Agreement for Educational Therapy, Release Form, and Client Information

I am looking forward to working with you as an Educational Therapist and part of a team that includes my client, family, teachers and other professionals. Please keep all scheduled appointments to ensure consistency for your child. If cancellation is necessary, please give at least 24 hours notice. Call as soon as possible if illness or other emergency circumstances develop within 24 hours of the scheduled session. The regular fee will be charged if sessions are missed without cancellation. A make-up for a notified canceled session will be given if possible.

All sessions are 50 minutes unless otherwise agreed upon. The fee for an educational therapy session is \$110. There may also be additional fees for specific published workbooks used by my client.

Parents are encouraged to call and briefly discuss concerns they may have regarding their child's progress. Telephone messages will be returned promptly. There is no charge for telephone calls of ten minutes or less. Longer calls will be charged at the regular rate after ten minutes.

In-person parent conference sessions may sometimes be advisable to discuss progress and problems in depth. Also, teacher conferences, school observations, and school conferences are sometimes advisable. Arrangements for these would be made in advance, and the charge is at the regular rate.

Good communication is an essential part of educational therapy. Please feel free to call immediately with any questions or concerns.

I/We agree to these terms:

Client's Name (printed) _____

Parent/Guardian (printed) _____

Signature _____

Date signed _____ Initial if Copy of Contract Received _____

Release form: I grant permission for Nancy Knop 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 (printed) _____

Signature _____

Date signed _____ Initial if Copy of Contract Received _____

Emergency Information:

ILLNESS OR ACCIDENT OR LEAVING OFFICE PREMISES: In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence. They may also release my child from the premises of the office.

1. Name _____

Telephone _____

Address _____

2. Name _____

Telephone _____

Address _____

DOCTOR'S NAME AND TELEPHONE:

If one of the above cannot be reached, I wish my child to be taken to the Emergency Hospital.

Yes _____ No _____

I wish any one of the following doctors to be notified:

1. Name of Doctor _____ Telephone _____

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NOTES: _____
