

ACADEMIC AND BEHAVIORAL CONSULTATION

Consent for Services

I _____ the parent/guardian of _____
(print parent/guardian name) (print student name)

understand the following regarding services at Academic and Behavioral Consultation:

Initial

_____ Each service is unique; therefore, the company may recommend a different number of sessions to help each student reach his or her maximum potential. However, the company does not require any upfront commitment of tutoring hours or program length for individual tutoring services.

_____ The goal of tutoring is to provide students with a toolkit of strategies that they can apply to the test. Without consistent practice, students should not expect significant increases in their scores. I understand that the company does not guarantee score improvement, and I will not be reimbursed for services if a higher score is not achieved.

_____ I understand that the company does not provide ongoing treatment or therapeutic interventions for specific behavioral or developmental concerns.

_____ I understand that the company does not provide formal psychoeducational or psychosocial evaluations. The company is happy to consult with concerned parents and provide recommendations and referrals for additional services, if necessary, but the company is not liable for any underlying psychological concerns.

_____ I understand that any records provided to Academic and Behavioral Consultation will remain confidential and will not be released to third parties without written consent.

_____ There are no fees for canceling individual sessions, as long as changes occur more than 24-hours in advance. Due to the nature of individualized tutoring, sessions that are cancelled or rescheduled within 24-hours of the appointment may be charged a \$100 fee. I agree to pay this fee if I do not provide at least 24-hours notice to reschedule or cancel an individual tutoring appointment.

_____ Payment is due at the time of service in the form of cash or check.

I have read and agree to the above terms of service. I have been given the opportunity to ask questions and have had all of my questions answered. I understand by signing below, I consent to the policies outlined above and on the Academic and Behavioral Consultation website. An electronic signature with time/date stamp will be considered binding as an original signature.

(Signature of parent/guardian)

(Date)