

NOTICE TO CLIENTS AND CONSENT
EXECUTIVE FUNCTIONING COACHING AGREEMENT

1. QUALIFICATIONS AND SCOPE OF PRACTICE

I received a Bachelor's Degree in Psychology from the University of New Hampshire as well as a Master's Degree in Early Childhood Education and Teaching Young Children with Special Needs from Wheelock College in Boston, MA. I am a psychometrist at the Portsmouth Neuropsychology Center where I am responsible for administering and scoring various assessments regarding clients' cognitive learning and academic functioning. I also provide executive functioning coaching for children, adolescents, and young adults.

2. COACHING SERVICES

Coaching services include an initial intake, data collection, and an individualized coaching plan. As part of your child's initial intake, I will discuss with you my thoughts about previous evaluations (if applicable) and whether additional clinical services are recommended. I will work with you and your child to develop a plan that best accommodates the needs and goals discussed at our intake. Executive functioning coaching is tailored to the client's individual needs and includes progress monitoring. Additionally, I will collaborate with school teams to maximize consistent efforts at achieving student success.

3. MINORS

FOR PARENTS

I believe it is best to identify and resolve potential parental agreements before coaching begins. Therefore, it is my policy to work with minors only with the consent of both parents, to the extent both are available. If both are available but cannot reach agreement about coaching services, it is the responsibility of the parents to resolve their differences prior to instituting a coaching plan.

FOR MATURE MINORS

Because you are a minor (under the age of 18), I cannot provide services without parental consent. Parental control over services includes their right to access and release your coaching records.

4. FEE STRUCTURE AND PAYMENT FOR SERVICES

Initial Intake:

This includes a one hour in-person meeting to meet with the parents (and potentially with the child depending on age) to review background history and start developing individualized goals for the coaching sessions. Additional record review, if needed, is billed at an additional \$75/hour.

Questionnaires/Surveys: Scoring is billed at \$75/hour in 15 minute increments. This includes administration of standardized measures used to assess executive functioning.

School/Community Observation: School observations are billed at \$75/hour with travel time billed at \$75/hour. Observation of the client in their individual classes or other environments is highly recommended to learn more about the client’s overall learning and social-emotional functioning as well as to provide more specific goal-setting for the coaching sessions.

Discussion with Teachers/Providers. This is billed at \$75/hour in 15 minute increments.

Coaching Sessions: Coaching sessions are billed at \$75/hour for a 50 minute session. We will work with you to determine frequency of meetings. In addition to the rates above, charges are incurred (rounded up to 15-minute increments) for check-ins via phone call, e-mail, text, or Skype as well as follow-up calls/meetings with teachers or other agencies.

Payment Policy:

Payment for services must be received at the time of the service. Payment can be made by cash or check payable to “Portsmouth Neuropsychology Center.” Clients who are receiving services paid for by a school district or agency will need to ensure that Portsmouth Neuropsychology Center has received the contractual agreement and PO/payment prior to the beginning of services. There may be times when we are asked to provide services beyond the scope of coaching. During those occasions, we may recommend additional services with another provider and subsequent payment will be requested before the service begins.

It is your responsibility to cancel an appointment at least 24 hours before the time of the appointment. If you do not cancel or do not show up, you will be charged \$100 for that appointment.

Regarding minors with divorced parents, the financially responsible parent agrees to pay regardless of any disagreements with the other parent.

ACKNOWLEDGEMENT AND ACCEPTANCE

I do hereby seek and consent to take part in the executive function coaching.

I understand that no promises have been made to me as to the results of this coaching.

I am aware that I may stop the coaching at any time but will still be responsible for payment for services rendered.

I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel or do not show up, I will be charged \$100 for that missed appointment.

I am aware that I am financially responsible for the services rendered at the time they are provided.

In signing this form, I indicate that I have decision-making authority of the client, and I am authorized to provide informed consent for executive function coaching.

Signature of Client (or Person Acting for Client) Date

Printed Name of Client (or Person Acting for Client) Relationship