



ADULT AGREEMENT FOR EDUCATIONAL THERAPY

I, _____, agree to receive individual educational therapy for the 2009-2010 calendar school year. I understand and agree to the following conditions:

PHILOSOPHY	<ul style="list-style-type: none"> • Educational therapy is a long-term process. Most students require at least three years of educational therapy to produce measurable gains in academic/classroom work. • Educational therapy does not seek to improve academic areas directly as does tutoring. Instead it focuses on improving areas of difficulty in perceptual and cognitive functioning. • Student cooperation is the key to success of the program. Diligence and regularity in completion of homework, particularly Rhythmic Writing are essential for progress.
SERVICES	<ul style="list-style-type: none"> • Period of agreement: _____, beginning the week of _____ and ending the week of June 1, 2010. • I will receive two 80-minute therapy sessions weekly. • There will be no therapy sessions during regularly scheduled school vacations unless agreed upon by both parties.
FINANCES	<ul style="list-style-type: none"> • Registration fee: \$150.00 non-refundable. The registration fee will be credited towards the cost of tuition. • Therapy Tuition: \$ _____ per calendar school year. • Charges are based on monthly rates rather than individual sessions. Therefore, missed sessions are not subject to refunds.
ABSENCES	<ul style="list-style-type: none"> • <i>Student Illness</i> – The first two sessions missed will not be made up. All subsequent sessions missed due to illness will be made up during the school year if the therapist is notified of the absence before the scheduled session. Extended illnesses will be evaluated on an individual basis. • <i>Therapist Illness</i> – Missed sessions will be made up. However substitute times or therapists may be necessary. • <i>Other Activities</i> – Missed sessions due to vacation, family matters, appointments or any other reason other than illness or conflicting events will not be made up. Inclement weather days will not be made up. • <i>Tardiness</i> – Therapy time will not be extended to adjust for tardiness. • <i>No show</i> – 3 unexcused absences may be grounds for dismissal from the program.
EVALUATION	<p>Annual testing will be conducted by Discovery Program of IL, LLC. in the spring. A subsequent parent conference will follow to discuss student progress and recommendations. This agreement will be renewable at that time, subject to approval of both parties, for the following school year. At the time of dismissal/withdrawal a retest of the Wechsler Intelligence Scale for Children – Third Edition Revised (WISC-III-R) is required. An <u>additional</u> fee will be charged for the retest at the prevailing test rate.</p>
WITHDRAWAL	<ul style="list-style-type: none"> • When considering withdrawal prior to completion of a contracted year, said party is requested to meet with the Discovery Program of IL, LLC. Director. Reasons for requested withdrawal must be in writing • If said party decides to withdraw prior to completion of a contracted year, tuition is not refunded. • If the Discovery Program Director removes a student for any reason, tuition is not refunded. • Prior to release of any records, all outstanding balances and fees must be paid.

By signing this form, I acknowledge that I understand the information given and agree to the terms as stated in this agreement.

Signature: _____

Date: _____

Director: _____