**Discovery**
**Program of IL LLC**
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# AGREEMENT FOR EDUCATIONAL THERAPY

We, the parents of _____, agree to have him/her receive individual educational therapy for the 2009-2010 calendar school year. We understand and agree to the following conditions:

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| PHILOSOPHY | • 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.<br>• 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.<br>• Parental involvement and student cooperation are keys to the success of the program. Diligence and regularity in completion of homework, particularly Rhythmic Writing are essential for progress. |
| SERVICES | • Period of agreement: , beginning the week of and ending the week of June 1, 2010.<br>• The student will receive two 80-minute sessions per week.<br>• The student may receive educational therapy during regular school hours; per parent/school authorization.<br>• There will be no therapy sessions during regularly scheduled school vacations unless agreed upon by both parties. |
| FINANCES | • Registration fee: $150.00 non-refundable. The registration fee will be credited towards the cost of tuition.<br>• Therapy Tuition: $ per calendar school year.<br>• Charges are based on monthly rates rather than individual sessions. Therefore, missed sessions are not subject to refunds. |
| PARENTAL INVOLVEMENT | • Attendance at the first six sessions in order to be trained in Rhythmic Writing and to become acquainted with the therapy process.<br>• Observation of one session per month throughout the period of agreement.<br>• Supervision of Rhythmic Writing on non-therapy days and other assigned homework.<br>• Purchase of a chalkboard (3'x5' minimum), chalk holders, and the replacement of all borrowed materials if damaged or lost. |
| ABSENCES | • *Student Illness* – 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.<br>• *Therapist Illness* – Missed sessions will be made up. However substitute times or therapists may be necessary.<br>• *Other Activities* – Missed sessions due to vacation, family matters, appointments or any other reason other than illness or conflicting school events will not be made up. Missed sessions due to conflicting school events may be made up if the therapist is notified of the event at least three days in advance by the teacher or parents. The student may have a substitute therapist for these sessions. Inclement weather days will not be made up.<br>• *Tardiness* – Therapy time will not be extended to adjust for tardiness.<br>• *No show* – 3 unexcused absences may be grounds for dismissal from the program. |
| OBSERVATION | The parents give permission for the student to be observed during therapy sessions by persons invited by the therapist and/or director. |
| EVALUATION | 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 additional fee will be charged for the retest at the prevailing test rate. |
| WITHDRAWAL | • When considering student withdrawal prior to completion of a contracted year, parents are requested to meet with the Discovery Program of IL, LLC Director. Reasons for requested withdrawal must be in writing<br>• If a family decides to withdraw their child prior to completion of a contracted year, tuition is not refunded.<br>• If the Discovery Program of IL, LLC Director removes a student for any reason, tuition is not refunded<br>• Prior to release of any records, all outstanding balances and fees must be paid. |

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

*Father:* _____

*Mother:* _____

*Date:* _____

*Director:* _____

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