# AGREEMENT FOR NILD EDUCATIONAL THERAPY

Student Name: _____
(Last) (First) (MI)

We, the parents of _____ agree to have our child receive individual educational therapy for the 20__-20__ calendar school year. We understand and agree to the following conditions:

| | |
|---|---|
| PHILOSOPHY | • Educational therapy focuses on four key components: COGNITION, PERCEPTION, ACADEMICS, EMOTION. These abilities are developed so the student can become an independent life-long learner.<br>• Research shows that lasting cognitive changes happen over time. The effectiveness of the program is closely linked to our child's cooperation in therapy, to our commitment to supervision of rhythmic writing at home, and to our child's consistent completion of therapy assignments. |
| SERVICES | • Period of this agreement is from _____ through _____. The student will receive two 60-minute sessions per week and an additional 60-minutes of individualized and/or classroom assistance. (There will be no therapy sessions during regularly scheduled school vacations)<br>• Educational therapy focuses specifically on students' areas of difficulty and dealing with challenges as they arise during the actual learning process.<br>• Parents will receive a weekly email report detailing progress and coordination with classroom teacher.<br>• Attendance at teacher conferences and accommodation meetings.<br>• Prior to release of any records, all outstanding balances and fees must be paid. |
| PARENTAL INVOLVEMENT | • Provide structure and accountability<br>• Receive training in Rhythmic Writing<br>• Supervise Rhythmic Writing on non-therapy days and homework<br>• Replace borrowed, lost or damaged materials |
| OBSERVATION | • The parents give permission for the student to be observed during therapy sessions by persons invited by the therapist and/or principal. |
| FEES | Tuition/Fees:<br>$100/week for _____ weeks ($33.34/session)<br>$_____ Materials Fee (One-time fee)<br>$_____ Chalkboard (One-time fee)<br><br>TOTAL TUITION & FEES $ |
| PAYMENT OPTIONS | • Payment Options:<br>___ Full Tuition Payment of $ _____ due prior to the start of educational therapy.<br>___ Monthly payments of $ _____ due with CCA tuition.<br>___ Weekly payments of $ _____ due every Monday.<br>• In case of student absence, therapists will try to reschedule times to assure weekly sessions occur. Weekly payments must be paid as if the child is present. No credit will be given for inclement weather, illness, other school holidays, and teacher workdays unless pre-approved by the administration. All accounts must be paid in full at the beginning of each week. If payment is not received, the saint will not be permitted to continue in the program. All returned checks must be redeemed in cash for the amount of the check plus a $35.00 returned check fee. Missed or unused sessions are not subject to refunds. Withdrawal from the program for any reason requires a 10% charge of the remaining balance due. |

NILD Therapist :_____ Date: _____

CCA Principal: _____ Date: _____

Parent/Responsible Party: _____ Date: _____

Print Name: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____