

ECS

INSTRUCTIONS

In order to retain the services of an ECS consultant, please do the following:

- Complete the **Consulting Agreement**.
- Complete the **Basic Information** form.
- Complete the **Release of Information** form (the one labeled “Internal Release for ECS”).
- Mail, fax, or email these three forms to ECS. If you mail the forms, please include a check for the appropriate amount and make the check payable to “Therapeutic & Educational Consulting Services.”

Within one week of submitting these forms, please do the following:

1. Send a list of all professional contacts (e.g. psychologists, tutors) that can shed light on educational and psychological issues. Include names and phone numbers and a brief comment on how well, during what time period, and in what context each person knows the client.

2. Contact each person on the list giving him or her permission to provide the consultant with information about the client. Some may require a signed release, while others may accept a verbal release over the phone. We have included two different forms (one for therapists/psychiatrists and one for school personnel) that you can give to each professional, authorizing him or her to release information to the consultant. These release forms are for your use to send to the professionals. We need to know that the professionals have received a release from you before we contact them. If you use any of these forms, please send us a copy of any releases that you have sent, so that we can have them for our records.

3. Send us copies of all educational and psychological evaluations that you may have. Include school records (when appropriate) covering the past four years. You can use one of the forms included (mentioned in #2 above) to give to any schools in order to authorize them to release this information.

4. Prepare a written chronology of significant events in the client’s life beginning with infancy. In addition to the chronology, please provide a description of the following (if not already covered):

- a. Significant disturbances during childhood (losses, traumas, etc.)
- b. Personality as a child
- c. Present medical problems, if any
- d. Significant differences between parenting styles
- e. Other significant relationships in the client’s life (peers, siblings, adults)
- f. Religious/spiritual influences

5. Send a recent photo of parent(s) and client, if available.

6. Send materials to the ECS Administrative Office either by fax or regular mail. If using an overnight mail service (e.g. FedEx), please indicate to the carrier that it can be delivered without a signature.

ECS

CONSULTING AGREEMENT

THIS AGREEMENT, dated _____, 2016, by and between Therapeutic & Educational Consulting Services, LLC, and the following party(ies) for services to be rendered by the consultant for the benefit of: _____(Client).

Name of Parent/Guardian (Please Print): _____

Name of Parent/Guardian (Please Print): _____

THE PARTIES agree as follows:

Consultant's responsibilities include:

- Professional evaluation of all available academic and psychological records
- In-depth interviews with parents/legal guardians, professionals (when appropriate), and client (when possible) in order to recommend appropriate schools or programs
- Communication with recommended schools/programs by telephone when advantageous
- Follow-up with selected schools/programs (by receiving regular reports) to monitor client's progress for one-year from date of signing this agreement
- Constant updating of information related to educational options through regularly scheduled school visits, collection of materials, and attendance at national and regional professional meetings

Consultant's responsibilities **do not** include:

- Guarantee of placement
- Execution of undue pressure for admission to schools/programs
- (The consultant shall neither solicit nor accept compensation from any school or institution for placement of the client)*

Client's and Family's responsibilities include:

- Scheduling appointments and visits to schools/programs
- Completing and mailing applications
- Remaining in communication with consultant in order to facilitate placement, monitor status of application, and monitor client progress in school/program
- Notifying schools/programs visited of intention to attend or not attend
- Timely payment of fees
- Providing the consultant in a timely manner with a complete set of records including grades, standardized test scores and discipline reports, withholding no pertinent information.

Optional services available at additional cost:

- Psychological, vocational and educational testing

Consultant will make every good faith effort, utilizing his knowledge and expertise, to effect a suitable placement or other appropriate result. However, results cannot be guaranteed and the designated fees are payable whether or not placement or other desired results are accomplished. Fees are to be paid in full even if the consultant is instructed by the responsible party to terminate his/her efforts after commencement of the process, or if the client withdraws, is expelled, or for any other reason leaves his/her school or program.

Effectiveness of consultant's efforts is directly related to the family providing complete and accurate social, emotional, and educational records. The consultant makes suggestions based upon these records, discussions, knowledge and experience. The ultimate decision on enrollment resides solely with the family.

I/we have read and understand the above terms of the consultation and agree to the fees indicated. Payment of fee is due prior to commencement of services by the consultant.

| | |
|---|----------|
| ___ Therapeutic School/Residential Program Placement ----- | \$ _____ |
| ___ Regular/LD Boarding School Placement ----- | \$ _____ |
| ___ Short-term Program Placement (Summer/Wilderness Programs) ----- | \$ _____ |
| ___ Young-Adult /Adult Residential Program Placement ----- | \$ _____ |
| ___ One-Year Renewal of Agreement ----- | \$ _____ |

TOTAL REQUIRED \$ _____

RESPONSIBLE PARTIES (Please sign and date)

CONSULTANT: _____ Date: _____

PARENT/GUARDIAN: _____ Date: _____

PARENT/GUARDIAN: _____ Date: _____

ECS

Basic Information

Client Name: _____

Client resides at/with _____

Birth date: _____

Referred by: _____
Name Address Phone

School/College presently attending (if any) and present grade/year: _____

List previous school(s) and grades attended: _____

Parent/Guardian Name: _____

Home Address: _____

Occupation/Employer: _____

Phone: Home () _____ Work () _____ Cell () _____

Parent/Guardian Name: _____

Home Address (if different): _____

Occupation/Employer: _____

Phone: Home () _____ Work () _____ Cell () _____

Other significant family members (e.g. step-parents)

Email information: _____

Siblings/Ages: _____

Issues leading you to call ECS: _____

ECS

Internal Release for ECS

RELEASE OF INFORMATION

I hereby authorize Educational Consulting Services to release any information deemed necessary to any school or program regarding _____
Name of client
for purposes of consulting on the above named client's education or treatment.

Receipt of this form will allow Educational Consulting Services to receive, review, and discuss the above named client's educational or treatment requirements with other professionals involved, as well as provide the parents with recommendations regarding possible educational/treatment opportunities.

A fax copy of this authorization and signature may be used as a duplicate and may be deemed to be the equivalent of the original.

Signed,

Signature of parent or guardian (or client if 18 or over)

This release is valid for one year commencing:

_____/_____/_____
(Today's Date)

ECS

School Release (transcripts)

RELEASE OF INFORMATION

I hereby authorize _____
(Name of school/institution)

to provide basic academic, testing, transcripts, and any other available information regarding
_____ to Therapeutic & Educational Consulting
Services, LLC (Name of client)

so that the consultants may be prepared in their efforts to work with this client.

Please mail or fax this information immediately to the above location.

Thank you for your cooperation and attentiveness to this request.

Signed,

Signature of parent/guardian or client (if 18 or over)

(Please print name here)

Valid for one year commencing ____/____/____
(Date)

School phone: _____

FAX _____

Address: _____

ECS

Therapist/Professional Release

RELEASE OF INFORMATION

I hereby authorize _____
(Name of therapist or other professional)
to provide orally or in writing, faxing or otherwise requested, all
information regarding the following individual(_____)
(Name of client))

to Therapeutic & Educational Consulting Services, LLC. This information includes but is not limited to everything regarding this individual's educational, intellectual, emotional and/or physical situation. This includes test results, records and any other relevant materials that may assist Educational Consulting Services in its efforts to help evaluate this individual's needs.

Thank you for your cooperation and attentiveness to this request.

Signed,

Signature of parent/guardian or client (if 18 or over)

(Please print name here)

This release is valid for one year commencing: _____/_____/_____
(Today's Date)

Name of Therapist/Professional: _____

Address: _____

Phone: _____ Fax: _____