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Educational Therapy Statement of Policy

I. Background

- Master of Arts in Special Education
- Bachelor of Arts in Psychology
- Special Education Teaching Credential
- Specialize in reading and writing remediation and education consultations
- Develop self-advocacy, organization, and study skills

II. Attendance/Cancellation Policy

Consistent attendance is essential for steady progress. However, if your student is unable to attend a session, cancellation must be confirmed at least 24 hours in advance in order to avoid full charge. If time permits, a make-up session will be scheduled. Please make sure to be prompt for pick-up and drop-off. You will be charged an additional fee if tardiness persists.

III. Payment

Intake Sessions- Payment of \$165 is due directly following the end of the intake session.

Educational Therapy Sessions- Payment of \$110 per session is due upon receipt of your monthly invoice. Each session is 50 minutes in length, unless otherwise specified. **Late payments received after the 15th of the month are subject to a \$30 fee.** Bills will be delivered via e-mail, unless otherwise specified.

*** PLEASE NOTIFY ME IF YOU ARE USING AUTOMATIC BILL PAY.** This often takes more time than regular US Mail.

IV. Conferences/Meetings

An hourly session rate will be charged for attending all school-based and professional meetings, as well as parent conferences. Consultations more than 15 minutes will be charged an hourly rate.

I have read and accept the conditions stated in this document:

Signed this _____ day of _____, 20____ by _____
(Date) (Month) (Parent/Guardian)

Parents' Names _____

Student's Name _____

Contact information:

I. Information about Your Child

Name: _____

School: _____ Teacher: _____ Grade: _____

Age: _____ Date of Birth: _____ Sex: M F

Current Address: _____

Languages Spoken: English Spanish Other: _____

Is the child adopted? No Yes If yes, at what age? _____

Referred by: _____

II. Family Information

Parent 1: _____

Occupation: _____ Education: _____

Address: _____

Phone: (H) _____ Email: _____

(C) _____

(W) _____

Parent 2: _____

Occupation: _____ Education: _____

Address: _____

Phone: (H) _____ Email: _____

(C) _____

(W) _____

III. Questionnaire

1. Please explain your reasons for seeking educational therapy at this time?

2. Please identify any family history of learning disabilities, ADHD, etc. that you are aware of?

3. Does your child have any behavioral/emotional/social problems at home or school?

4. Please list two or three of your child's strengths:

5. Please list two or three of child's weaknesses:

6. Please list all past neuropsychological, speech & language, etc. evaluations administered to your child:

7. Please list all past or present interventions or remediation your child has received:

8. Is your child currently taking medication? No Yes If yes, please specify _____

9. Pediatrician: Name- _____ Number- _____

10. Professionals working with your child:

Name- _____ Number- _____

Name- _____ Number- _____

11. Billing Information:

Full Name: _____

Address: _____

E-Mail: _____

12. Emergency Contact: (Someone who is not listed on this form)

Full Name: _____

Phone Number: _____