

Educational Consulting Services

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. Make the check payable to “Educational Consulting Services.” If you fax or email the forms, you may pay online (click on *Learn More*, then click on *Getting Started*). If you prefer not use online payments, you can provide credit card information on page two of the **Consulting Agreement** (Visa or Mastercard only, please). Please be certain to provide all the credit card information requested, including cardholder’s name and address, signature, card number, and expiration date. Please do this, even if you have given this information to us over the phone.

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. If you use any of these forms, please send us a signed copy for our records.
3. Send 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 ECS. If using an overnight mail service (e.g. FedEx), please indicate to the carrier that it can be delivered without a signature.

Educational Consulting Services

Eastern Office: 212 Bundy Rd. Ithaca, NY 14850 607 273 5400 Fax: 845 501 3017

Western Office: 3390 Oakwood St. Salt Lake City, UT 84109 801 486 4743 Fax: 801 386 516

CONSULTING AGREEMENT

THIS AGREEMENT, dated _____, 2010, by and between 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

Transitional services (sub-contracted with Homeward Bound)

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/Program Placement -----	\$ _____
___ Regular/LD Boarding School Placement -----	\$ _____
___ Short-term Program Placement -----	\$ _____
___ Young-Adult /Adult Program Placement -----	\$ _____
___ One-Year Renewal of Agreement -----	\$ _____

TOTAL REQUIRED \$ _____

RESPONSIBLE PARTIES (Please sign and date)

CONSULTANT: _____ Date: _____

PARENT/GUARDIAN: _____ Date: _____

PARENT/GUARDIAN: _____ Date: _____

Credit card information:

Visa ___ Mastercard ___ (Check one)

Cardholder's name _____

Cardholder's billing address _____

Cardholder's signature _____

Card number _____ Expiration date ____ / ____

Educational Consulting Services, LLC

Basic Information

Client Name: _____

Client resides at/with _____

Birth date: _____

Referred by: _____
Name Address Phone

School/College presently attending and present grade/year: _____

List previous school(s) and grades attended: _____

Mother's Name: _____

Home Address: _____

Occupation/Employer: _____

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

Father's 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: _____

Educational Consulting Services, LLC

Eastern Office: 212 Bundy Rd. Ithaca, NY 14850 607 273 5400 Fax: 845 501 3017
Western Office: 3390 Oakwood St. Salt Lake City, UT 84109 801 486 4743 Fax: 801 386 5161

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)

Educational Consulting Services, LLC

Eastern Office: 212 Bundy Rd. Ithaca, NY 14850 607 273 5400 Fax: 845 501 3017
Western Office: 3390 Oakwood St. Salt Lake City, UT 84109 801 486 4743 Fax: 801 386 5161

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 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: _____

Educational Consulting Services, LLC

Eastern Office: 212 Bundy Rd. Ithaca, NY 14850 607 273 5400 Fax: 845 501 3017
Western Office: 3390 Oakwood St. Salt Lake City, UT 84109 801 486 4743 Fax: 801 386 5161

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 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: _____