



PLACEMENT AGREEMENT

This placement agreement, dated _____, and effective for six months from this date, is between Hall Educational Consulting, Inc. (HECI) and

(Name of parents/legal guardians)

for educational and/or therapeutic placement services to be rendered by HECI for:

(Client/student)

HECI responsibilities include:

- Review of all available educational (including transcripts and IEPs), psychological or psychiatric evaluations and testing and any other professional reports provided by the family as well as recommendations for new assessments
- Interviews in-person or by phone with parents/legal guardians and student, if possible, and by phone with counselors, teachers and other professionals
- Recommendations of schools/programs and coaching through the selection and admissions process
- Communication with recommended schools or programs when necessary or beneficial
- On-going support and coaching to parents

Client's and family's responsibilities include:

- Providing HECI consultant with all available educational (including transcripts and IEPs), psychological or psychiatric evaluations and testing and any other professional reports
- Scheduling of visits and admissions to schools/programs
- Making the final decision on a school/program for placement
- Completing and sending applications and relevant documents
- Notifying selected school/program of intention to attend
- Communication with HECI as needed to facilitate placement or monitoring of student progress during placement

Hall Educational Consulting Inc will make every effort to recommend the most suitable placement options. However, placement at a recommended school/program, the desired results of attending or the results as advertised by a school/program cannot be guaranteed.

Fee payment is required in full prior to commencement of service and is compensation for the consultant’s time and advice whether or not the family chooses to place, or is successful at placing, the student at any schools/programs recommended by Hall Educational Consulting Inc. The responsibility for making a final decision on a program for placement, and scheduling of the final placement, remains solely with the family.

Placement Fee.....\$_____

Signatures of Responsible Parties

Consultant: _____ Date: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Activation of Agreement

To activate this agreement please return the following to Hall Educational Consulting:

- A signed copy of this **Agreement** by fax, email or regular mail
- A signed **Release of Information (HECI Internal)**
- A check for the placement fee made payable in full to **“Hall Educational Consulting Inc”** hand delivered or by overnight mail
- A completed **Family Information Form**

Within the first week of the commencement of this agreement please do the following:

- Send all educational and psychological records to consultant
- Provide the names and phone numbers of two or three professionals (e.g. therapist, psychiatrist, teacher) who know your child well
- Contact each professional on the list giving him or her permission to speak to the consultant. Use **Release of Information (Therapist or other Professional)** with the professional if necessary
- Send transcripts and other school records to consultant. Use **Release of Information (School Records)** if necessary
- Provide a written chronology of your child’s life including significant events relating to: losses, traumas, parent/child conflict, other relationships, medical issues, significant spiritual influences
- Copy to consultant **Release of Information** forms sent to professionals