



Student Coaching Contract

This agreement specifies the coaching arrangement between _____ (client) and _____ (Parent), and Christine Kotik (coach) of CK ADHD Coaching & Consulting, LLC, effective _____.

The services to be provided by Coach to Client are coaching services

APPOINTMENTS:

All Client services are by appointment only. Coaching appointments are reserved for Client. Coach reserves the right to bill Parents for a missed appointment if the appointment is not cancelled at least 24-hours prior to the scheduled time.

Clients may self-schedule appointments using coach's online scheduling calendar. CK ADHD Coaching encourages clients to book in 8 week blocks to facilitate a regular coaching schedule. This also avoids the frustration of a different appointment time each week or not being able to get in at all. A reminder email will be sent via email and text 24 hours in advance.

FEES & PAYMENT:

The first step in coaching, the initial appointment is due 24 hours prior to the appointment. The cost is \$250. This appointment includes both parents and the student. The appointment lasts approx. 90 minutes.

Coaching plans include four thirty minute sessions per month. The Coaching Plan also includes client initiated email and/or text support.

Coaching plan fees are paid monthly. The cost is \$395/month. Payment is due at the end of each month by cash, check or credit card. Partial months will be prorated. Invoices will be emailed using the Quickbooks Portal and can be paid online. Checks are to be made payable to: **CK ADHD Coaching & Consulting, LLC**. Mail payment to Coach at: 130C Northwoods Blvd, Columbus, OH 43235

Parent understands and agrees that Coach may suspend or terminate Coaching services, without liability, of any Client who has not paid in full before the 15th of the following month.

The commitment to coaching is made on a monthly basis; however, an initial three-month commitment is requested (3 consecutive months). It is important to note that real and significant change usually happens over a period of time.

For telephone, zoom, or in person consultations needed by either Client or Parents, in addition to the Coaching Plan scheduled Client meetings, the Coaching Plan rate of \$75/half hour will apply to any call lasting over ten (10) minutes in duration.

CONFIDENTIALITY:

All conversations between Coach and Client are confidential. The exception to this is if the information revealed includes disclosure of illegal, unethical, or criminal activities, or if the coach believes the client presents an immediate danger to themselves or others.

If it is necessary for the Coach to gain access to information from schools, therapists, physicians or other professionals; Coach will provide a standard information release form for Parent's signature. Coach agrees to maintain complete anonymity of all Client information disclosed or received from any third party unless permission is received from a Parent.

I understand that the Coach may, for the purposes of professional credentialing or renewal, be required to produce a Client Coaching log providing number of hours coached. I understand there is never any disclosure of Coaching content and these professional organizations will handle all information with the highest regard for confidentiality. I agree to the inclusion of my name on this list.

COACHING PROCESS AND DISCLAIMER:

Coaching is designed to guide the Client to learn how to consistently achieve results and make purposeful choices. Client agrees to communicate honestly, be open to feedback and assistance and create the time and energy to participate fully in the coaching program. However, due to the totally subjective nature of the work, Client and Parents understand and agree that Coach makes no guarantee as to the results Client will achieve, nor is Coach responsible for the results achieved by Client from the coaching.

Client and Parents understand that coaching is NOT therapy and does not substitute for therapy if needed, and does not prevent, cure, or treat any mental disorder or medical disease.

COACH – CLIENT RELATIONSHIP:

Parents hereby authorize Christine Kotik to work with Client in his/her capacity as a Coach. Parents understand and agree that Coach is prohibited from disclosing to Parents any detailed information obtained from Client during the one-on one coaching process, except as provided in (Privacy) above. However, Client and Parents understand and agree that Coach may provide general updates, the extent of which is to be determined by Coach in Coach's sole discretion, to Parents with respect to Client's progress, changes in appointment times, missed appointments, and client check-ins.

EMERGENCIES:

If there is a medical emergency, physical or psychological, DO NOT CONTACT THE COACH'S OFFICE. Emergency issues must be addressed directly by Client's doctor or therapist, or by dialing emergency 9-1-1 services if warranted.

The Client and Parents have read and agree to the terms outlined above. Please sign this agreement prior to the first coaching session.

Client

Date

Parent or Legal Guardian

Date

Parent or Legal Guardian

Date