

## **Gifted and Achievement Assessment**

### **ADMINISTRATIVE POLICIES AND FEES**

#### **SERVICES AND FEES**

Gifted and Achievement Assessment: includes a parent interview, any supplementary interviews, review and synthesis of background material, administration of an IQ test or intelligence battery (e.g. WISC-IV, WISC-V, or Stanford Binet 5), assessment of academic skills in reading, writing, mathematics and oral language, interests assessment, a written report detailing the student's cognitive ability and achievement profile, and recommendations for developing the student's interests and abilities. Findings are discussed at a parent meeting and a separate follow-up meeting with the student.

Fee: \$3,500

Families who wish to schedule an assessment are requested to provide 50% payment (\$1,750) in advance to reserve the first assessment appointment. The balance (\$1,750) of the total fee is due prior to the parent feedback session and delivery of the written report.

For a reasonable period of time after an assessment has been completed, I will continue to make myself available to answer questions and help parents implement recommendations without additional charge.

Families who wish to continue to consult beyond this period of time will be asked if they wish to do so on an hourly fee basis. The hourly rate is \$300. Consultations are charged in 15-minute unit blocks at the rate of \$75 per unit block. Lengthy e-mail communications will be billed in the same manner. Consultations with other treatment providers (e.g. therapists, executive function coaches, advocates) following the assessment will be billed based at the same rate.

Classroom visits to observe students as part of the assessment and visits with school administrators or attendance at PPT, IEP, or other meetings after the assessment will be billed at the hourly rate of \$300.

#### **BILLING AND PAYMENTS**

Cash, checks, and credit card payments are accepted. Receipts will be provided.

#### **CANCELLATIONS**

Because appointments are scheduled weeks in advance, if you must cancel or reschedule, please do so as far in advance as possible so I can attempt to schedule another student for the time slot that had been scheduled for your child. I check e-mail regularly, and every attempt will be made to reschedule your child for another date.

Cancellation of other appointments (e.g. school meetings) requires 24-hour's notice. Otherwise, I will have to charge the full estimated fee at my hourly rate for my intended attendance at the appointment.

#### **INSURANCE REIMBURSEMENT**

Although some insurance companies will cover the cost of a psychoeducational assessment, most will not cover any of the cost of a gifted and achievement assessment.

#### **CONFIDENTIALITY**

The information that you and your child share with me is protected under confidentiality rules found in the codes of ethics of the American Psychological Association and the laws of the State of New York and your home state.

There are, however, some exceptions. I routinely thank the referral sources who recommended me to you. If I learn of child abuse, neglect, or other serious threats of harm to a child, I may need to take protective action. I am ethically permitted to release information to prevent potential acts of suicide. If you or your child are required to testify about

your case in a court of law I may be required to testify and compelled to respond to an irrevocable court order. Finally, if you file a complaint or lawsuit against me I may need to disclose information in my defense.

I have read, understood and agree to abide by the above policies and fee schedule.

Name of Child \_\_\_\_\_

Name of Parent \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_

**OPTIONAL E-MAIL RELEASE**

Many families find it convenient to discuss aspects of their child via e-mail or other communication means that may not be completely secure from a privacy standpoint. For example, families may wish to receive a copy of their child's completed report in the form of an e-mail attachment and feedback may be provided via a Zoom conference. In those events, I will need you to fill out and sign the additional disclaimer below.

I have been informed of the risks, including but not limited to loss of confidentiality, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive these services. I also understand that I may terminate this authorization at any time in writing to the extent that Devon MacEachron, PhD has not already relied upon it. I understand that Devon MacEachron, PhD makes available to me the other means of communication (phone conversations, in-person meetings, mailing reports and communication by non-electronic means) that are designed to be more secure and to maintain confidentiality, and I still choose to request and authorize the above-named less secure means.

Signature \_\_\_\_\_

Date \_\_\_\_\_