



CHILDREN'S DEVELOPMENT CROUP for
Speech, OT, PT, and Psychological Services, PLLC
1 Mill Street
Keeseville, NY 12944
Tel (518) 834-7071
Fax (518) 882-0282

<http://childrensdevgroup.com/>

margi.carter@childrensdevgroup.com

Tutoring Application

Child's name: _____ Date of application: _____ DOB: _____

Current grade: _____ Current teacher: _____

Current school: _____

Mom's name: _____

Dad's name: _____

Address of child: _____

Do both parents live with the child?

Yes

No

If no, who lives with the child? _____

Phone number: _____

Email address: _____

Where would you prefer services to take place?

At home (Virtual)

In our office:

Westport

Elizabethtown

Keeseville

What days and times are convenient for your schedule?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

What are your concerns regarding your child's education?

What are your expectations of your tutor?

Does your child have any non-seasonal allergies?

Yes

No

If yes, please write the protocol if your child were to ingest food he/she is allergic to or have an allergic reaction. A doctor's protocol can be attached.

Does your child have any health concerns we should be aware of? If so, please describe below.



For tutor use:

Tutor assigned: _____

Parent concerns:

School teacher concerns:

Results of initial assessment of child's skills:

Frequency agreed upon: _____

Goals and objectives:

Teaching strategies:

Caregiver Responsibilities for: _____

The caregiver will ensure that the child has a productive session by following these guidelines:

- Participate in visits when this is appropriate for the child's needs.
- Provide an area in your home for the child and tutor to work.
- Try to have the child rested prior to each scheduled session.

The caregiver will ensure that the child receives maximum benefit from services by following these guidelines:

- Avoid canceling visits unless the child we service is not well. Try to schedule doctor visits and other appointments around the child's regular session.
- When the child is not well, we are asking the family or caregiver contact us to advise us of a cancellation. If a family member is not well please, discuss this with the tutor to see if he/she feels it is necessary to cancel the scheduled visit.
- If you need to cancel the tutoring session, please give at least 3-hour notice.
- Cancellations will be attempted to be made-up. Three attempts will be made, by the tutor. If a session is not made-up after three contact attempts, then we will assume you are not interested in making-up that session. You will not receive reimbursement for those sessions.

Consult with the child's tutor about progress or other concerns you may have.

If a problem arises regarding a staff person serving the child, you are encouraged to speak directly to the child's tutor and/or contact the director of CDC.

For 80% of their workday, private homes, such as yours, make up the tutor's "work environment." We expect that you will be considerate of their health and comfort by not smoking during their visits.

All payment for services is due prior to services are provided, at our office. Payment is due bi-weekly, on Mondays. Tutors will not accept payment and will direct you to drop it off at our office or mail it.

If payment is not received prior to a tutoring session, that session will be cancelled by our office staff.

When tutoring occurs in the home, caregivers are expected to be present. It is CDC's policy that no tutor shall be in a home alone with a child. If you would like your tutoring sessions to be conducted in a public place, so you can accomplish errands, please inform your tutor. It is to the discretion of the tutor whether or not they are comfortable with attending to your child alone.

Caregiver signature

Date



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CONSENT TO OBTAIN/RELEASE INFORMATION

I, _____ of _____, D.O.B. _____
 Relationship to Child Child's Name

give consent to **Children's Development Group** to obtain/release the following information from/to the corresponding parties.

Specific records to be released are:

Educational records/information pertinent to comprehensive tutoring services.

Releasing/receiving party: _____
 (child's school name)

Purpose for release of information:

To ensure a comprehensive approach to tutoring services.

 Parent/guardian signature

 Date

 Expiration date
 (will expire a year from signed date, if not specified)

A written parental consent must be obtained for the purpose of record review for quality assurance (or other purposes such as fiscal audit, etc.) by individuals not involved in the direct provision of early intervention services. The parent must be informed of the name of these individuals, the purpose for record access, and must provide written consent for access. If consent is given, those individuals must be informed about, and required to adhere to, all confidentiality requirements applicable to personally identifiable information within HIPPA and CDG's Confidentiality policy. They must also comply with all legal requirements that protect records containing sensitive information (such as sexual or physical abuse, treatment for mental illness or mental health problems, HIV status, communicable disease status, the child's parentage, etc.). Parents and legal guardians have the right to revoke the authorization, in writing, by sending the request to the above address.