

## **EXECUTIVE FUNCTION COACHING POLICIES AND PROCEDURES AGREEMENT**

**Kari Younes**  
**Executive Function Coach**

I am delighted to be working with your student and family. This Coaching and Policies and Procedures Agreement will offer some further information on how the flow of coaching works. Please don't hesitate to ask as many questions as you need to ensure clarification.

### **The Initial Consultation**

Our first consultation will be a complimentary 20-minute phone consultation and will include information gathering and goodness of fit.

### **The Kickoff Meeting**

Following the initial consultation, we will schedule our kickoff meeting, which will be a 60-minute session (either in person or over zoom, dependent on location of client) in which we get to know each other, education about Executive Function, as well as a strengths and weaknesses Executive Function Assessment, and talk about over-all goals. I highly encourage the parent to be present during this meeting. Following this meeting, I will create a working plan to help the student achieve their goals. *Please note that I do not make formal DSM diagnosis.*

### **Weekly Ongoing Sessions**

Following the kickoff meeting, we will begin meeting weekly. My standard practice is to offer one 40-minute zoom session per week and a 20-minute zoom check in between our 40-minute sessions. This can be altered and we can work together on what works best for you. In general, the more frequently we can check-in, the more growth that is possible for the students/adults. Check-ins create continuity between sessions. We can even change check-ins to texting updates as needed to fit the schedule of the student/family.

### **Canceled/Missed Appointments**

24-hour notice is required if an appointment is going to be canceled or missed. Appointments canceled outside of the 24-hour notice period or missed appointments will be charged at the full session fee. I may offer occasional complimentary telephone calls lasting 10 minutes or less at my discretion. Frequent phone calls or calls that last longer than 10-minutes will be billed at a prorated amount based on the regular weekly fee.

(continued)

### **Payment/Fee Structure**

- The 20-minute Initial consultation is complimentary. (\$0)
- Kick-off Meeting includes: getting to know the client, Assessments, scoring, and goal setting followed by a plan created by Kari. \$200 will be charged at the end of the session.
- Weekly ongoing sessions will be \$100/week. Ongoing weekly sessions included are stated above. \$100 will be charged at the end of each weekly session.
- Complimentary 10-minute check-ins as needed. Any check-in/conversations lasting more than 10 minutes will be prorated: 15 minutes: \$25, 30 minutes: \$50, 45 minutes: \$75, 60 minutes: \$100.
- Payment is accepted via check made out to Kari Younes, Venmo: @Kari-Younes, or Credit Card with a 3% processing fee.

### **Confidentiality**

Any information, written or verbal, shared by you during the course of your coaching will constitute confidential information. I will use confidential information solely for coaching purpose and for no other purpose. I will not disclose, use, or publish any Confidential information, except as required to provide the services in according with the Agreement, by operation of law, if I believe that disclosure is necessary to protect me, you, or any other individual from harm, or as otherwise authorized by you in writing.

I am a mandated reporter and must notify the appropriate authorities in any of the following situations:

- If you threaten to harm and identifiable person, that information has to be revealed to the polices and to the person or persons against who the threat has been made.
- If you threaten to hurt yourself and I believe that you have the means to carry out this threat, that information has to be revealed to the local mental health authority.
- If abuse of a child is revealed in session, that information has to be revealed to child protective services.
- If abuse of an elder (age 65 and up) or dependent adult is reveled in session, that information has to be revealed to elder/dependent adult protective services.

I look forward to working with you. I you understand and agree to these policies and procedures, please sign below.

By signing below, you represent and warrant that you are the authorized legal guardian of the student named below.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Authorized Legal Guardian of \_\_\_\_\_

Date \_\_\_\_\_