

DLT Coaching Contract for Services

Parent Coaching and Young Adult Mentoring

DLT Coaching provides Parent Coaching and Mentoring sessions in person, over the phone, or via video with the purpose of assisting the Participant in how they engage in their daily life and relationships.

Coaching and mentoring can be challenging and may ask the Participant to dive deep into difficult thoughts and work hard on changing habits and ways of thinking. By signing below, the Participant acknowledges these risks and agrees to work with DLT Coaching to engage in conversations and actions to create the changes the Participant is committed to working on.

The Participant(s) acknowledges that DLT Coaching does not engage in therapeutic work.

Confidentiality

Mentoring and Parent Coaching clients' wishes regarding what is shared in our meetings are held in confidence, at their request, unless there is a potential threat of harm to themselves or others. It is often helpful at the beginning of the work to have some contact with the family to ensure that everyone is on the same page. Parent Coaching clients' confidentiality is treated the same.

Billing

During the first few months, I bill on a monthly block billing format. Afterward, billing is hourly at a rate of \$125.00 per hour. With each participant and family, we will discuss what seems to be an appropriate frequency and level of contact. Normally, I like to meet 2-3 times per week for the first few months. For Parent Coaching, 1-2 times per week to start works well. This decision is made collaboratively by the Participant and DLT Coaching and can be adjusted as needed. Billing is in 15-minute increments, and any contact during the week for support between calls is accumulated into one total. Most of my Participants pay by Zelle or electronic transfer/check.

Cancellation Policy

Meetings may need to be rescheduled from time to time. If the Participant needs to reschedule, there is a 24-hour cancellation policy. If the meeting is canceled within 24 hours, or missed, the Participant will be billed for the full expected meeting time.

Participant's Name	Signature	Date
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(If under 18) Parent/Guardian:

Signature	Relationship to Participant	Date
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Payee's Name	Signature	Date
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