

# DLT Coaching Contract for Services

## Parent Coaching and Young Adult Mentoring

DT Coaches provides Parent Coaching and Young Adult Mentoring sessions over phone or video for the purpose of assisting the participants in how they engage in their daily life and relationships.

Coaching and mentoring can be challenging, and ask the participant to dive deep in to some difficult thoughts and work hard on changing habits and ways of thinking. In signing below, the Participant acknowledges these risks and will work with DT Coaches to engage in conversation and action to create the changes the Participant agrees to work on.

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

## Confidentiality

Mentoring and Parent Coaching clients wishes of what is shared in our meeting is held in confidence, at their request, unless there is a potential treat or harm to themselves or others. It is been 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 are treated the same.

## Billing

During the first months, we may discuss a block billing format. Afterwards, billing is usually bi-monthly. Hourly ceiling is sent, at a rate of \$120.00 per hour. With each participant and family, we will discuss what seems to be an appropriate amount of frequency and contact. Normally, sessions begin at 2-3x/week for the first months. With Parent Coaching, 1-2x/week to start works well. This is a decision made by the Participants, Parents, and DT Coaches together 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 amount.

Most of my Participants pay by PayPal, Venmo, or electronic transfer/check. Transfer information and address available by request.

## Cancellation Policy

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

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|--------------------|-----------|------|
| Participant's Name | Signature | Date |
|--------------------|-----------|------|

(If under 18) Parent/Guardian:

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|-----------|-----------------------------|------|
| Signature | Relationship to Participant | Date |
|-----------|-----------------------------|------|

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| Payee's Name | Signature | Date |
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