



Screening Agreement

Welcome to Rafal Tutoring and Consulting, LLC! We specialize in working with children and adults with special learning needs. Before parents can figure out what type of help to pursue, it can be helpful to get a screening. Note: I am not an educational psychologist. Therefore, the screening I provide is not a full educational evaluation and cannot determine whether your child has a specific learning disability such as dyslexia. However, the information gathered may help you decide whether to pursue a full evaluation with a clinical psychologist or an educational psychologist as well as what types of services to pursue for academic support. The cost for the screening is \$225.00. See details on the next page. Depending on the age of the child and the specific concerns at hand, I use the following assessments, either alone or in combination with each other:

- Barton Screening from the Barton Reading and Spelling System
- Wilson Assessment of Decoding and Encoding, also known as the WADE
- Comprehensive Test of Phonological Processing, 2nd Edition, also known as CTOPP-2
- NeuroLearning Screening by Drs. Fernet and Brock Eide
- Informal reading activities and observation

Ready to get started? Please follow these steps.

- **Step One:** Read the attached agreement, fill it out, sign it, date it, and get it back to me.
- **Step Two:** I will send you an invoice for the screening service.
- **Step Three:** After I have received payment for the services, I will contact you to schedule the first screening appointment.
- **Step Four:** After the results are obtained and analyzed, you and I will meet to discuss the results of the screening and talk about next steps.

I look forward to speaking with you. Thank you for giving me the opportunity to assist you and your child.

Sincerely,

Sandi Rafal
Ed.S. Curriculum and Instruction
Certified Barton Tutor

Screening Agreement for Rafal Tutoring and Consulting

Description of services:

- Individual screening using at least one research-based assessment, e.g., Barton Screening, Wilson Assessment of Decoding and Encoding, NeuroLearning Assessment, Comprehensive Test of Phonological Processing
- Informal reading activities and observation

Name of Student: _____ Date of birth _____

Name of Parent(s): _____

Address: _____ City, state, and zip code _____

Phone: _____ Email address: _____

PLEASE READ AND INITIAL EACH OF THE FOLLOWING ITEMS:

_____ The total cost for the screening is **\$225.00**. After I receive your completed paperwork, I will send an invoice through email for the amount due. Payment may be made via PayPal, credit card, cash, or by personal check, made payable to **Rafal Tutoring and Consulting, LLC**. **The fee includes a total of up to three visits, i.e., 1-2 testing sessions and one follow-up appointment to discuss the results.**

_____ Additional phone consultations, parent conferences, and professional collaboration lasting longer than 5-10 minutes will be charged at the rate of \$65.00 per hour.

_____ For scheduling appointments, you and I will communicate via text, email, or in person. Your student's sessions are professional appointments. Please refer to texts or emails for help remembering the dates and times of your sessions.

_____ If an emergency occurs and you must reschedule or cancel an appointment, please let me know as soon as you are aware of a scheduling conflict. I promise to offer you the same courtesy. Please allow 24-hour notice. You can call or text me at 706-338-8254. I will do my best to reschedule your appointment within 14 days of the missed session.

_____ Parents must remain on the premises while the student is in a session.

_____ Parents and family members are expected to demonstrate courtesy to Rafal Tutoring and Consulting as well as other businesses in the suite by remaining reasonably quiet during sessions.

_____ All information about your child will remain confidential.

Please initial yes or no for the following statements:

_____ Yes, Rafal Tutoring and Consulting, LLC may use my child's image on their website or Facebook page for promotional purposes.

_____ No, Rafal Tutoring and Consulting, LLC may **not** use my child's image on their website or Facebook page for promotional purposes.

Please sign and date this page and return the entire document to me via email, U.S. mail, or in person.

(Printed name)

_____ Date _____
(Signature)