



Dr. Devon MacEachron

Strategic Learning Assessment

Gifted and Achievement Assessment

ADMINISTRATIVE POLICIES AND FEES

SERVICES AND FEES

Gifted and Achievement Assessment: includes a parent interview, review and synthesis of background material, administration of an IQ test or intelligence battery (e.g. WISC-IV, WISC-V, or Stanford Binet 5), assessment of academic skills in reading, writing, mathematics and oral language, interests assessment, a written report detailing the student's cognitive ability and achievement profile, and recommendations for developing the student's interests and abilities. Findings are discussed at a parent meeting and a separate follow-up meeting with the student, if desired by the parents.

Fee: \$3,000

Families who wish to schedule an assessment are requested to provide 50% payment (\$1,500) in advance to reserve the assessment appointment. The balance (\$1,500) of the total fee is due upon the completion and delivery of the written report.

Consultation: Initial consultation to discuss the student and family's situation is billed in increments at my hourly rate (\$350). 15-minute unit blocks are billed at the rate of \$87.50 per unit block. If the family decides to go forward with an assessment with me, I will deduct that consultation fee from the fee for the assessment.

For a reasonable period of time after an assessment has been completed, I continue to make myself available to answer questions and help parents implement recommendations without additional charge. Families who wish to consult beyond this period of time will be asked if they wish to do so on an hourly fee basis. Lengthy e-mail communications will be billed in the same manner. Consultations with other treatment providers (e.g. therapists, executive function coaches, advocates) will also be billed based at the same rate. Classroom visits to observe students, visits with school administrators, attendance at PPT or IEP meetings, etc., if requested by the parent, will be billed at my hourly rate. The preparation of an extra, optional school report will be billed at the same hourly rate and generally takes at least 2-4 hours to complete.

BILLING AND PAYMENTS

Cash, checks, and credit card payments are accepted. Receipts will be provided if requested. A charge of \$35 will be levied for checks returned due to insufficient funds.

CANCELLATIONS

Because appointments are scheduled weeks or months in advance, if you must cancel or reschedule, please do so as far in advance as possible so I can attempt to schedule another student for the time slot that had been scheduled for your child. I check voicemail and e-mail regularly, and every attempt will be made to reschedule your child for another date.

Cancellation of other appointments (e.g. school meetings) requires 24-hour's notice. Otherwise, I will have to charge the full estimated fee for attendance at the appointment.

INSURANCE REIMBURSEMENT

Although some insurance companies will cover the cost of a psychoeducational assessment, most will not cover a gifted and achievement assessment.

CONFIDENTIALITY

The information that you and your child share with me is protected under confidentiality rules found in the codes of ethics of the American Psychological Association, the Health Insurance Portability and Accountability Act (HIPAA), and the laws of the State of New York and your home state.

There are, however, some exceptions. I often thank the referral sources who recommended me to you. If I learn of child abuse, neglect, or other serious threats of harm to a child, I may take protective action. I am ethically permitted to release information to prevent potential acts of suicide. If you or your child are required to testify about your case in a court of law I may be required to testify and compelled to respond to an irrevocable court order. Finally, if you file a complaint or lawsuit against me I may need to disclose information in my defense.

I have read, understood and agree to abide by the above policies and fee schedule.

Signature _____

Relationship to Child if a minor _____

Date _____