

Odyssey Learning LLC
Coaching for ADHD and Executive Functions
 Diane McLean, MEd, PCC

New Client Profile – Student

Student's name	Date
Birthdate	Grade
Parent name	Parent name
Address	Address
City/State/Zip	City/State/Zip
Cell #	Cell #
Work #	Work #
Home #	Home #
Email	Email
Sibling name/age	Sibling name/age
School	School District
Referred by	

Concerns at home	Concerns at school
Favorite or easiest school subjects	Least favorite or hardest school subjects
Does your child have an IEP or a 504? (circle if yes) Please describe services and/or accommodations:	
What are your child's favorite interests, hobbies, or activities?	
Food restrictions or allergies: Allergic to dogs? Yes No	
Any relevant diagnosis or conditions:	
Choose three words that describe your child:	

PRIVACY POLICY

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE REVIEW IT CAREFULLY.

This privacy policy tells you about your rights regarding your records and personal information in my coaching practice. One copy of this Privacy Policy is for you to keep for your records

1. What information might I collect and keep?

- Names and contact information, such as address, phone, and email
- Notes about our sessions
- Notes about future sessions
- Forms and questionnaires you may complete
- Reports from other parties you may give me
- Photos or audio/video recordings made during sessions
- Emails you may send me
- Emails exchanges with other professionals whom you have granted permission for exchange of information
- Copies of receipts for payments

All records are stored with security measures in place.

I will not share any of your personal information with anyone or any agency other than representatives of Odyssey Learning LLC without your written consent unless legally required to do so.

I have read, understand, and agree to this privacy policy.

Client Signature (parent/guardian of minor)

Date

Client Name (please print)

Printed name of person signing, if not client

PERMISSION TO USE VIDEO OR PICTURED IMAGE AND AUDIO RECORDING

The use of video, picture image, and audio recordings are an essential component to my coaching practice. Photos and/or video are tools that I use to help with self-awareness or when practicing new strategies. Audio recordings are used for teaching in the same way, but are also used to help me become a better coach. The only people who may see or hear the recording or photos are myself, members of a client's group in which the media was made, or my coaching mentor/supervisor.

Please check the following statement and sign below to give your permission for photographic, video, or audio recordings:

_____ I give my permission for Diane McLean, M.Ed. to use photos, video, or audio recordings of (name of client)_____ within the clinic setting for education or skill practice or for coaching supervision.

Client Signature (or parent/guardian of minor)

Date

AUTHORIZED METHODS OF COMMUNICATION

Please check any methods of communication that you authorize regarding your services:

U.S. Mail Telephone Email Text Fax

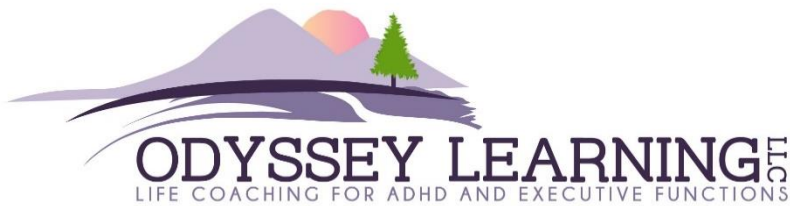
If you have authorized Odyssey Learning LLC to communicate and correspond with you via e-mail, you acknowledge that Odyssey Learning LLC may transmit personal and confidential information to you regarding your services by email over the Internet. This includes emails from Paypal, Quickbooks, or other methods of invoicing utilized by Odyssey Learning LLC. Odyssey Learning LLC will use reasonable means to protect the security and confidentiality of e-mail information sent and received; however, Odyssey Learning LLC cannot guarantee the privacy and security of such information. It is your duty to protect your e-mail account, password and computer against access by unauthorized persons. Odyssey Learning LLC will not be liable in the event that you or anyone else inappropriately uses or accesses your e-mail. You agree that should any information sent to you by Odyssey Learning LLC be intercepted or otherwise accessed or modified by any unauthorized third party, you shall fully release, discharge, and hold harmless Odyssey Learning LLC from any damages arising directly or indirectly from such interception or access. You may revoke your authorization for Odyssey Learning LLC to communicate with you by email at any time by written request.

I agree to the terms stated above

Client Name: _____

Date: _____

Client/Guardian Signature _____



Diane McLean, MEd, PCC
13216 Craig Street
Overland Park, KS 66213
913-488-1360 www.execskills.com
CoachDiane@execskills.com

Coaching Agreement – ADHD/Executive Functions Coaching

Client: _____

Coaching Start Date: _____

Group

Individual

In-person

Phone

Online Video

As a coaching client:

- I am responsible for my own physical, mental, and emotional well-being.
- I am responsible for my choices and decisions in all areas of my life.
- I will partner with my coach to achieve the goals I have chosen to work toward.
- I will notify my coach 24 hours in advance of cancellation if I need to reschedule, except in emergency situations. Missed appointments without prior notification are non-refundable.
- I will consult with any mental health care providers I work with regarding the advisability of work with a coach and will make them aware of my decision to proceed with the coaching relationship.
- I agree to have my name, phone, and email address appear in my coach's client contact log for credentialing with the International Coach Federation.

My coach:

- will support me in moving toward my own goals.
- does not diagnose or treat mental disorders.
- is not a substitute for a counselor, psychologist, psychiatrist, therapist or other mental health provider.
- will refer me to other service providers, if those services may be helpful in my situation.
- will keep my information confidential unless I state otherwise in writing, except as required by law.
- may anonymously and hypothetically share certain topics with other coaching professionals for training or consultation purposes.
- will notify me 24 hours in advance of cancellation, except in emergency situations.

Information about Coaching Fees:

Coaching Fees: \$125 per SESSION

- **COACHING FEES FOR THE MONTH ARE DUE IN ADVANCE AT THE BEGINNING OF EACH MONTH.**
- Checks, MasterCard, Visa, Discover, and American Express are accepted.
- Phone or online coaching clients are responsible for all long distance, phone, data, or internet fees.
- A late fee of \$25 may be assessed on outstanding balances not received by the 15th of each month.

Coaching sessions are scheduled at the beginning of the month. In order to establish a strong foundation for progress, new coaching clients must commit to a minimum of three sessions per month during their first two months of coaching. The number of sessions scheduled after the initial two months will be determined collaboratively between the client and the coach, based on the needs of the client.

I have read and agree to the above.

Client Signature (or parent/guardian signature if minor)

Date

Print Name

Relationship to client