



Parent Support Consultative Services Contract Agreement

I, _____ agree to participant in Parent Support Consultative Services (PSCS) provided by Danielle Coleman of Choice Communications. I am aware that PSCS will consist of the following components:

- Services will be rendered in four (4) in-home contact sessions.
- All family members are to participate as needed.
- All participants are to engage in open and honest dialogue during all PSCS sessions.
- Parents will receive verbal, constructive feedback to address stated concerns identified prior to the start of PSCS or observed during the course of PSCS.
- The family will be observed interacting during a self directed activity (for younger children) or during a family meeting (for older children).
- Confidentiality will be maintained regarding all information shared during the course of PSCS sessions.
- Payment will be expected at the first contact session.
- At the conclusion of services, parents will receive written feedback to include: parenting tips, suggested reading materials, recommendations and referrals (if needed).

Service Recipient

Date

Service Recipient

Date

Service Provider

Date

“Where Positives Choices Lead to Success”

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