

Student Information (*All Required)

*First Name: _____ *Last Name: _____

Nickname (if applicable): _____

*Date of Birth: _____ *Current age: _____ *Gender: Male __ or Female __

*Student School: _____ * Current grade: _____

Parent/Guardian Information (*All Required)

*First Name: _____ * Last Name: _____

*Mailing Address: _____

Mailing Address Line 2: _____

*City: _____ *State: _____

*Zip-code: _____ *Country: _____

*Parent Occupation: _____

*Relationship to student: _____

*Cell Phone Number: _____

*Other Phone Number (work or home etc.....): _____

*Email address: _____

Referred By: _____

Student Questionnaire (*All Required)

1. *Student Diagnosis: _____

2. *Previous therapies: _____

3. *Current therapies: _____

4. *Previous and current RPM exposure: _____

- a. If using RPM, what materials are you and/or other professionals using (example- 3 set of stencils): _____

5. *Briefly describe your student's communicative skills (verbal, nonverbal, means of expressive language): _____

6. *Briefly describe student's repetitive and/or self-stimulatory behaviors: _____

7. *Please list any triggers your student has including words, phrases, topics, action or items: _____

8. *Current level of academics being worked on in school and home settings; including level of math exposure: _____

9. *Please list any subject matter you wish to be excluded from your student's lessons (example: religious material): _____

10. *Please describe any aggressive tendencies your student may have (we do not refuse sessions to anyone; this information is just for planning and preparation of services): _____

*I certify that all of the information provided on this intake is true and complete to the best of your knowledge

I Agree

Financial Agreement (*All Required)

At ACE Teaching and Consulting, LLC (referred to as ACE in the following portions of this document) we are committed to providing you the best possible care. Your clear understanding of our Financial Agreement is important in our professional relationship with you. Our fees are determined based upon the type of service(s) your student receives. Please refer to our website or inquire with ACE Staff regarding specific prices prior to scheduling.

1. I understand I am financially responsible for this account and agree to pay ACE or a third party (workshops) in full for Erika Anderson or other ACE staff's instructional services rendered to my student.

2. Some services at ACE require a non-refundable, non-transferable half deposit. When applicable I agree to submit payment by the deadline given in my confirmation email.
3. ACE does not bill insurance or third parties. We are happy to provide a professional invoice (upon request) that is suitable for personal insurance reimbursement submission.
4. If you are planning on using scholarship funds for RPM services, please make arrangements with ACE staff prior to sessions.

*By selecting agree, you are verifying that you have read, understand and will abide by the financial agreement terms (1-4) laid out above.

I Agree

Policies and Procedures (*All Required)

The following information are the policies of ACE Teaching & Consulting, LLC (further noted as ACE). Please initial each area indicating you have read, understand and accept each policy. Please note, the wording may not be amended and acceptance is required for sessions to be conducted with ACE.

1. *By accepting this agreement you are giving ACE Teaching and Consulting, LLC permission to work with your student providing The Rapid Prompting Method and supplementary services.
 I Agree
2. *I understand that The Rapid Prompting Method is an academic based teaching method and is not a medical treatment for my student.
 I Agree
3. *If the student's parent live separately, are divorced or the student is in placement out of home, I verify that I have the legal right and decision making responsibility for my student.
 I Agree
4. *Please note, ACE RPM providers and ACE staff do not become involved in legal disputes and we do not make recommendations to the courts or attorneys regarding your student's care.
 I Agree
5. *I do not hold Erika or ACE accountable for my child's actions resulting injuring or accident while session or on the premise.
 I Agree
6. *A parent/appointed guardian/ care giver will be present during all of the student's instructional sessions.
 I Agree
7. *I permit ACE to record my student's sessions for liability purposes. However, personal video taping of instructional session and feedback is strictly prohibited.
 I Agree

8. *If provided a copy of ACE footage (per ACE video footage release) all footage is under copyright and intended for personal use only. Therefore it is prohibited to share ACE footage via public social media platforms such as Facebook or YouTube. We ask you do this is a private forum only.

I Agree

Education Footage release (*All Required)

Here at ACE we view each session as a joint piece of work between your student and our provider. The personal copies of the footage you may receive can be used to share your journey with others in your student's life, an aide to teach others how to work with your child using RPM and learning the technique demonstrated for yourself. As we view this as joint creation of work, we request the same use of the footage for instructional purposes and further developing the use of RPM.

1. *I give ACE Teaching & Consulting, LLC permission to use my child's still frames and video footage, recorded by ACE, for educational purposes. ACE defines educational purposes as presentations to support groups and school schools with the intent of teaching RPM technique to parents and/or professionals. This excludes use for marketing purposes and online use. The acceptance of this release allows the parents or guardian to receive or purchase copies of their student's sessions.

I Agree

Marketing Footage release (*All Required)

We are always working hard to change the perception of Autism and spread the word of RPM. There are select times when we utilize still frames and video footage to showcase the benefits of RPM. Below please select whichever option you are comfortable with regarding marketing use.

1. *I grant or deny (selecting below) ACE permission to use my student's still frames and video footage for marketing purposes. Marketing purposes may include but is not limited to brochures, flyers, publications and signage. Social media uses is not included in this release and will be discussed is person if applicable.

I Agree

I Decline