



**Personalized Learning Solutions, LLC
Special Education Advocacy & Consulting**

School/Classroom Observation Services Agreement

**3112 Kennedy Drive
McKinney, TX 75071
214-799-6322 or 817-688-8612
personalizedlearningsolutions@gmail.com**

I am *delighted* to have the opportunity to observe **name of child**! The following are some guidelines to help ensure both our needs are met in the process as we prepare for the upcoming observation.

- Please have all pertinent student and school information to observer before observation takes place.
- **WHOLE AGREEMENT**-This agreement constitutes the entire understanding between the parties with regard to the subject matter thereof and the parties waive the right to rely on any alleged expressed or implied provision not contained herein. Any alteration to this agreement must be in writing and signed by both parties.
- Please *feel free* to call or email me at the address above if you have any questions or concerns.
- **THE PARTIES TO THIS AGREEMENT ARE:**

Name of Educational Consultant: Shemica S. Allen, Educational Consultant of Personalized Learning Solutions, LLC

Address: 3112 Kennedy Lane McKinney, Texas 75071

Contact Number and Email: 214-799-6322 and personalizedlearningsolutions@gmail.com
(Hereinafter referred to as the "Educational Consultant")

Name of Parent/Guardian: _____

Address: _____

Contact Number and Email: _____
(Hereinafter referred to as the "Parent")

- **FEES PAYABLE TO PERSONALIZED LEARNING SOLUTIONS, LLC/SHEMICA S. ALLEN**

School/Classroom Observation-nonrefundable fee of \$300.00

For Clients Who Only Need an Observation & for Clients of Other Special Education Advocates & Educational Professionals

We will observe your child in a school/academic setting and prepare a comprehensive report which will give parents vital information about certain aspects of their children's education. **Three hour classroom observation in a school/academic setting plus preparation of comprehensive report-nonrefundable fee of \$300.00. Anything needed over the 3 hours will be billed at a rate of \$75.00 per hour billed in 15 minute increments.**

- **PAYMENT**

Payment shall be made before the time of the school/classroom observation.

Accepted methods of payment: () Cash () Check () Credit Card-plus a 3.5% convenience fee () PayPal-plus a 3% convenience fee

Name of person responsible for the payment of fees: _____

- **CONFIDENTIALITY**-Personalized Learning Solutions, LLC agrees to keep all client information and records confidential.
- **TERMINATION OF AGREEMENT**-You may terminate this Agreement at any time, provided you have paid for all services delivered by Personalized Learning Solutions, LLC. Personalized Learning Solutions, LLC may terminate this Agreement at any time in the event of nonpayment of fees or in the event irreconcilable differences develop.

Signed at _____ on this _____ day of _____ 20____.

By the Educational Consultant: _____

Shemica S. Allen, Educational Consultant of Personalized Learning Solutions, LLC

Signed at _____ on this _____ day of _____ 20____.

By the Parent/Guardian: _____