



**SUZANNE KEITH BLATTNER, ED.S. & ASSOCIATES**

SPECIAL EDUCATION CONSULTATION, ADVOCACY, EDUCATIONAL THERAPY AND ACADEMIC TUTORING

Dear Parents,

The packet enclosed includes several forms for you to complete and return before your appointment is scheduled. Receipt of this information is a part of the consultation process and allows us to review your child's needs and prepare for our first meeting. **ALL forms MUST be received before any appointments are scheduled.** Please note that if you decide to proceed, you should return this packet as soon as possible since referrals are accepted on a first come first serve basis. As soon as we receive the packet, you will be contacted unless otherwise specified. If you receive this packet as PDF file, please complete and return by regular US mail, scan-pdf, or fax. If you wish to fax the forms to us, do so at 301-933-3062. Once received, we can set up your appointment.

Additional documents that would be helpful to review in advance include medical, school, therapy, educational reports and COMPLETE IEP,s if your child currently has one. These documents can be helpful in gathering the necessary information to understand the full scope of your child's needs. Please forward those with the packet. Records dating back to two years are adequate. If you have any questions about the completion of these forms, please call 301-758-4275. I am located at 10605 Concord St, SUITE 102 Kensington, MD.

For any appointments, the **PASSCODE INTO THE SUITE IS 8255**

***If you are seeking consultation services, please read all statements of terms, fees and services carefully. It carefully outlines the process and payment requirements. Payment will be required at the time of the first meeting for whichever service you desire. This includes payment at the hourly rate or the full retainer fee if you are seeking a detailed consultation.***

At any time, please contact us for clarification of the services and fees.

For MAIL, send to:

**SUZANNE KEITH BLATTNER, M.S, ED.S  
10605 CONCORD ST., SUITE 102  
KENSINGTON, MARYLAND 20895**

Or, send electronically to

**SKB.EDU@MAC.COM**

Thank you for your cooperation and I look forward to meeting you.

---







**STATEMENT OF EDUCATIONAL CONSULTING SERVICES**

Educational Consulting services involve a broad menu of services available to families. In all cases, a full paperwork review and observation or meeting with the student is necessary. This is to help us get to know your child in an educational setting and speak with staff if permissible.

In the case of assisting families with special education options, we act as INDEPENDENT and OBJECTIVE consultants in order to help you make the best possible decision for your child. We CANNOT accept clients whose goal is to simply endorse a decision that has already been made. We will always enlist your opinions and thoughts about your child, his or her needs and background about educational experiences that have been successful and those that have not. However, in the case of a special education placement, the process is governed by federal and state regulations with the IEP being the driving force determining appropriateness.

As part of our assessment and review, we consider all possible options and will assist you with the process through advocacy to obtain those services. However, there are NO guarantees. In some cases, parents must also engage attorneys if the legal proceedings go beyond an IEP meeting. In some cases, we can accompany a parent to mediation.

The process for helping families identify independent private schools also involves review of all documents that assist us with getting to know your child. We will guide you in the attainment of independent evaluations and the submission of applications and appropriate paperwork. We will identify schools that we feel are the best fit once all the information is made available to us. Again, there are no guarantees with regard to acceptance. The process is dependent on many factors which will be explained when you come for a parent conference.

The process for all consultations typically involves a parent/caregiver intake meeting. At this time, we will set goals for the consultations, reaffirm our role and answer ANY questions you may have. This is followed by a school observation or an office visit (on occasion for very young children a home visit). We assist you with gathering the necessary documentation and share our observations and assessments of your child's strengths and needs as it relates to their current and future education. If requested, a report or summary can be generated (billed at the hourly rate). We will attend meetings if requested. We only ask that we discuss scheduling in advance before confirming meeting dates established by other parties.

If you have ANY questions regarding the process, please feel free to call or email Suzie Blattner at [skb.edu@mac.com](mailto:skb.edu@mac.com).

I \_\_\_\_\_, acknowledge receipt of and agree to the terms of the educational consultation outlined above.

**PRINT NAME:**

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE**

**DATE**



## SUZANNE KEITH BLATTNER, ED.S. & ASSOCIATES

SPECIAL EDUCATION CONSULTATION, ADVOCACY, EDUCATIONAL THERAPY AND ACADEMIC TUTORING

### Statement of Fees

#### ***Educational Consultation and Advocacy: \$275.00 per hour***

This fee includes record reviews, intake parent meetings, school observations, office visits with student, parents or guardians, telephone and email consultation with client and other specialists, IEP consultations, and parent consultations, conferences and written reports. Travel time is calculated from my home or office (whichever is closer) to the location of the meeting or observation.

#### ***Expert Testimony \$300.00 per hour***

This fee includes all time related to any administrative due process matter including Preparation and oral and written testimony. This includes both mediation and hearings.

### **Payment OPTIONS:**

**Hourly:** Requires Credit Card authorization form (in packet). This option includes monthly billing (end of month) for all billable hours related to any and all services described above. Client will receive a statement and credit card receipt. If you prefer to pay by check, payment is due at the time services are rendered plus a retainer for any agreed to services.

#### ***Credit Card Payment:***

This option is available for monthly payment. In this case, no retainer is required for a full educational consultation service. Please note, if a credit card is DENIED for any reason during processing, there will be an additional \$25 charge. Please be sure to keep Credit Card records current. Although the Credit Card form is enclosed in this packet, you may bring this form to our first meeting.

**PayPal Payment:** Direct payment to my PayPal account is an option. Please contact us if you wish to make payment through PayPal. The same terms apply. Payment is due at the time the invoice is emailed.

#### ***Cancellation Policy***

Cancellations made less than 24 hours in advance are billed at the full rate if the time slot cannot be filled. ***This policy is strictly enforced.*** If your child becomes ill during the night, please call by 7:00 AM the morning of your appointment and leave a message with your child's tutor.

### **IMPORTANT:**

Payment is expected upon receipt of your invoice with a grace period of **NO LONGER than 15 days from the date of the invoice.** A late charge of \$25.00 along with a finance charge of 1.5% will be calculated daily on the unpaid balance on the 16th day from the date of the invoice. ***This policy is strictly enforced. Payment not received within a timely fashion will result in termination of all services. However, the client will be responsible for all fees incurred up to an including the date of termination.***



**SUZANNE KEITH BLATTNER, ED.S. & ASSOCIATES**

SPECIAL EDUCATION CONSULTATION, ADVOCACY, EDUCATIONAL THERAPY AND ACADEMIC TUTORING

**Agreement to Terms of Payment and Services**

I \_\_\_\_\_ acknowledge and accept full responsibility for payment of all services rendered to my son/daughter by Suzanne Keith Blattner, M.S. Ed, Ed.S. and her associates. I acknowledge that I have received written explanation of the fee schedule, payment terms, retainer requirement, the cancellation policy and statement of services and am in agreement with all.

I understand that health insurance policies are an arrangement between myself and the insurance company, that all services rendered to my child are charged directly to me, and that I am personally responsible for payment. I understand that agreements regarding fee schedules, changes for canceled appointments and late payments are between Suzanne Keith Blattner and me and are not related to potential insurance coverage. I understand that Suzanne Keith Blattner will assist me in completing forms to aid in collecting insurance benefits ONLY for educational services that are billable. I agree to the release by Suzanne Keith Blattner of any information that is requested by my insurance company.

I agree to retain the services of Suzanne Keith Blattner M.S. Ed and associate (if applicable) to assist in educational placement and planning for my child. I understand that the process does not offer a guarantee of a particular placement, program or outcome.

\_\_\_\_\_  
Signature of Parent or Legal guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**SUZANNE KEITH BLATTNER, ED.S**  
SPECIAL EDUCATION CONSULTANT  
T: (301)-758-4275  
FAX: (301)-933-3062  
E- SKB.EDU@MAC.COM

Credit Card/ Debit Transaction Processing Authorization Form

\_\_\_\_ Yes, I would like you to automatically charge my credit card for services rendered each month.

Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ AmEx

Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

3-digit security code on back of card \_\_\_\_\_

**Billing Address (REQUIRED)**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Zip)

By signing this Agreement, and marking the box noted above, the undersigned does hereby agree as follows: (i) the undersigned does hereby authorize and agree that Suzanne Blattner and/or its duly authorized agent (the "Company") has the right from time to time to charge to the above identified credit card and/or debit the account identified above any and all amounts that are owed to the Company and/or its consultants, (ii) the undersigned agrees that its signature on this Agreement shall be deemed its signature on any sales charge receipt or other form and if any merchant services, credit card company, or bank requests to view the undersigned signature on a sales charge receipt or other form, the Company may provide such company with a copy of this Agreement and such shall be deemed conclusive proof that the undersigned approved and authorized the charge and/or debit at issue, and the undersigned does hereby waive any right to dispute its authorization to such charge based on an invalid or non-existent signature. The undersigned understands and agrees that the above payment option and charges or debits will continue each month for services rendered by the Company and/or its consultants until such time as the undersigned has provided written notice to the Company to stop such automatic charges and/or debits. **The undersigned shall be fully responsible for ensuring that it has sufficient credit and/or funds to cover the charges or debits, and shall indemnify the Company against all costs incurred as a result of any declined charge or debit. If the undersigned does not notify this contractor that the card has been lost, stolen or will be declined for any reason, there will be a \$25 charge.**

**AGREED AND ACCEPTED:**

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (as it appears on the card): \_\_\_\_\_

\*All credit cards will be processed at the beginning of each month.

\*\*All Debits will be processed at the beginning of each month.

I, \_\_\_\_\_ authorize Suzanne Blattner to electronically mail paid invoices in PDF file to the following email address \_\_\_\_\_

## **CHECKLIST BEFORE FIRST APPOINTMENT:**

Have you completed and sent the following?

- Intake Referral Form
- Authorization/ Release Form (can be completed at the time of the first appointment)
- Agreement to Terms of Educational Consulting Services
- Agreement to Terms of Services and Payment
- Relevant Developmental or Medical Evaluations
- Relevant Educational documents including COMPLETE IEP's from the past 2 years.
- Credit Card Authorization (can be submitted at the first appointment / intake meeting)

Thank you.

When you come for your intake appointment, the passcode into our suite is 8255

I look forward to meeting you.

Suzie Blattner