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**SERVICE AGREEMENT**  
**Parent Coaching**

Parent: \_\_\_\_\_ Parent: \_\_\_\_\_

Child: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Child: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Child: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Child: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

1. The parties identified in this agreement are requesting parent coaching with Gillian Sheldrick, MSW, RSW. All parents agree to participate willingly and respectfully in the services, along with any other members of the extended family the therapist may deem appropriate from time to time.
2. During the first session, the parents will be provided with an information package on the benefits of having a positive co-parenting relationship. The parents shall read the additional materials and complete the questionnaires in the education package provided to them. This shall be done prior to the second appointment.
3. Gillian Sheldrick, MSW, RSW will conduct this service under the following terms and conditions:
  - a. A retainer of \$600.00, is payable in full, by cash, cheque, or credit card by each parent, prior to the start of service. Services are provided at a rate of \$120.00 per hour, and parents will be charged for face-to-face meetings, phone calls, time to review collateral information (if appropriate), and where applicable, postage, travel, long distance phone and/or fax charges will be billed. Additional retainers shall be provided as requested.
  - b. The costs shall be divided the following way:
    - i. Joint sessions will be divided equally;
    - ii. Individual sessions will be paid by the individual engaged in the session;

4. **Cancellation Policy:** Unless there is an emergency, the therapist must receive twenty-four (24) hours notice to cancel a scheduled appointment, otherwise a charge for one hour (\$120.00) will be applied to the account. If the appointment cancelled is a joint meeting with both parents, the parent responsible for the cancellation is responsible for notifying the other parent.
5. **Confidentiality:** Parent coaching is a confidential process. Information will not be provided to those who are not involved in the process. Parents/guardians will be asked to sign consent forms for the therapist to access any information from collateral sources (school, doctor, OCL, FACS, police, etc.). The parents acknowledge that the therapist is obliged to notify the proper authorities if she has a "reasonable suspicion" that a client may harm himself or herself or the other parent, or that a child is being abused, harmed or neglected. The parents also acknowledge that confidential information may be shared if there is a court order or summons presented to Ms. Sheldrick for her attendance at court and/or production of their records.
6. The parents/guardians are advised to obtain independent legal advice, particularly prior to signing any written agreement, to ensure that they are fully informed of their legal rights and obligations and the legal implications of such an agreement.

The parties named in this agreement agree that they are entering this process voluntarily. All parties (the parents/guardians and the therapist) agree to be bound by the terms of this agreement, effective from:

DATED at \_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Gillian Sheldrick, MSW, RSW

\_\_\_\_\_  
Signature

