



Terms of Agreement

Client Name: _____ Date: _____

This agreement describes the relationship between the following two parties:

(CONSULTANT)

Kathleen E. High, M.Ed., CCSP, FCD-I
P.O. Box 1126
Chino Hills, CA 91709
(909) 353-4762
www.dreams-goals.com

(CLIENT):

Name: _____
Address: _____

Phone: _____
Email: _____

CONSULTANT:

1. Consultant will provide the Client with the information, resources, and support so the Client can learn what s/he needs to do to achieve her/his goals.
2. Consultant will, at all times, act in the best interest of the Client and his/her needs and goals.
3. Consultant will keep Client's information confidential, except where required by law, or if outside consultation from other professionals is necessary.
4. Consultant's recommendations and actions will take into consideration Clients' out-of-pocket expenses and budget concerns, thus striving to minimize costs incurred by the Client.
5. Consultant will provide, at her discretion, assessments and learning opportunities for the Client that will be designed based on the Client's individual needs, stated goals, and preferred learning style(s).
6. Consultant reserves the right not to support goals, which are not consistent with, or in congruence with, the Client's assessment results if applicable.
7. Consultant reserves the right, at her discretion, to refuse to support or encourage potential goals on the basis of moral, legal, or ethical concerns.
8. Consultant reserves the right to terminate the relationship on the basis of lack of effort, cooperation, responsiveness, or responsibility on the part of the Client.
9. Consultant makes no claim or guarantee of success for the Client's stated goals. Ultimate success is up to the Client and his/her actions.

10. At her discretion, the consultant will release the Client from this relationship based on Client's successful demonstrated ability to identify own learning needs, and ability to set and achieve own goals.

CLIENT

1. Client understands that this is an interactive process in which he/she must participate.
2. Client understands and accepts that the process will require time, money, and effort on his/her part in order to identify and achieve his/her goals.
3. Client agrees to pay Consultant \$90.00 per hour for consulting services. Sessions normally scheduled for 1-hour sessions.
4. If appropriate to Client's stated goals, Client agrees to pay Consultant for assessment and other learning materials as recommended by the Consultant. Based on client's stated goals, assessments may not always be relevant to some client's goals. Standard assessment fees are:
 - 1) Myers-Briggs Type Inventory (MBTI) – Step I = \$50.00
 - 2) Strong Interest Inventory = \$50.00
 - 3) Myers-Briggs Type Inventory (MBTI) – Step II = \$75.00 (*optional*)
5. Services and assessments are payable upon rendering of service. Clients have two options for payments of services:
 - 1) Client can pay for each appointment at the time of service at the regular rate.

Or
 - 2) Client can choose to prepay a discounted flat fee for one of a few special offers. (See attached document for details.) Consultant will let Client know if this option is appropriate based on the Client's stated goals.
 - 1) Fee must be paid at least 24 hours before second the second appointment for discount to be applied.
 - 2) Client can request additional follow up appointments as needed or desired. Standard rates apply for additional follow-up appointments.
6. Acceptable forms of payment (*in order of preference*) are: Debit/credit card, cash, PayPal, and through consultant's website.
7. Client agrees to be honest with self and Consultant regarding any issues or challenges, which will affect this relationship or the Client's journey.
8. Client assumes responsibility for success at setting and achieving goals.
9. Client will complete all homework assignments received from the Consultant in a timely fashion.

Client – Terms of Agreement

10. Client agrees to inform Consultant if he/she has difficulty in accomplishing tasks due to lack of understanding instructions, confusion, becoming overwhelmed by the task, or too distracted by outside responsibilities.
11. If scheduled appointment needs to be changed, then the Client will notify the Consultant at least 24 hours in advance.
12. Client reserves the right to cancel this agreement with one-week notice without cause.

Client Signature: _____ Date: _____

Consultant Signature: _____ Date: _____

Kathleen E. High, M.Ed., CCSP, FCD-I, Education and Career Consultant

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