

**Retainer Contract for In-School Observation**

**Name of Parent(s)** hereby retains *Margaret J. Kay, Ed.D. NCSP and Loura Keepers, JD, MA* to conduct an in-school observation for **Name of Student** on **Date of Observation** at **Location of Observation**.

**Name of Parent(s)** agrees to be responsible for payment of all professional service fees accrued in connection with the completion of the in-school observation in accordance with the following scale:

- In-School Observation (to include travel time).....\$200/hour**
- Mileage to and from the observation.....58.5 cents per mile**
- Reimbursement for expenses (i.e. tolls, gas, etc.).....Actual costs incurred**

A retainer for **amount of time blocked** to include transportation time and the time to complete the observation in the amount of \$\$\$\$\$\$\$\$\$\$ will be paid by **Name of Parent(s)** immediately to secure the date of the observation.

**FEE AGREEMENT**

If the observation is canceled and one week’s notice of cancellation is provided , the full amount of the retainer will be refunded. If the observation is canceled and Dr. Kay receives more than 24 hours but less than one week’s notice of cancellation, half the amount of the retainer will be refunded. If the observation is canceled and less than 24 hours notice of cancellation is provided to Dr. Kay, the full amount of the retainer will be forfeited.

The undersigned understands and agrees that the retainer is paid to secure the date for the observation. Actual charges will be calculated at the rates outlined above. Any charges accrued over and above the cost of the retainer will be billed at the rates outlined above and full payment will be due no more than 15 days after the date of the invoice. If payment for the balance of the cost of school observation is not received promptly within 15 days after the date of the invoice, finance charges will apply. If actual charges accrued are less than the retainer secured, a refund will be sent no more than 15 days after the date of the invoice.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_