

# Randy L. Cale, PhD

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Proven. Practical. Professional.  
Your Coach For Life Success

Ph: 518-383-0600 FAX: 888-823-4316  
Email: DrRandyCale@gmail.com

## PARENT COACHING AGREEMENT

*"Please note that I will only work with parents who commit to at least an initial block of four sessions. I do this in order to enhance the likelihood of your success. Single session consultations do not typically allow for the natural learning processes to develop, and therefore this agreement presumes we begin with four sessions of coaching. After that, individual sessions can be arranged."* **Dr Randy Cale**

**FEE PLAN :** Basic Coaching Plan for Parents = \$850 per block of four coaching sessions (initials) \_\_\_\_\_. Fees for individual sessions are \$250.00 per session, if not scheduled as part of a package. Calls are for 45 minutes and scheduled four times per month in the initial phase of coaching, in order to ensure that progress is made. After the first four sessions, the frequency will be established based upon individual circumstances.

**PAYMENT PROCEDURE :** Dr. Cale is paid in advance for each package of coaching. The first coaching session will begin once this agreement is signed and emailed or faxed to Dr. Cale. The easiest way to make the initial package payment is online through the shopping cart at [www.TerrificParenting.com](http://www.TerrificParenting.com), or through the client portal that is available once you contact our offices directly at 518-383-0600.

**NATURE OF RELATIONSHIP:** As a coach focusing specifically on parenting, please keep in mind that Dr. Cale will concentrate efforts on improving parenting skills, enhancing relationships between parents and children, and establishing habits that produce success at home and at school. Sessions may also include coaching parents in ways to modifying child behavior, increasing compliance, developing self-esteem, reducing disrespect, increasing responsibility, and improving attitudes. At times, the focus shifts to teaching parents ways to manage their own reactions and responses to their children. For separated and divorced parents, a variety of co-parenting and blended family issues may be addressed as well.

The Client understands that the **Coaching relationship is in no way to be construed as Psychotherapy, psychological counseling, or as any type of therapy. This coaching relationship is not a substitute for counseling or psychotherapy.** In the event the Client feels the need for professional counseling or therapy, it is the responsibility of the Client to seek a licensed professional.

**CALL PROCEDURE :** Dr Cale will call at scheduled times. Please remember, cancellations must be made 7 days in advance. If emergencies lead to a cancellation, Dr Cale will strive to find another time that works for the client, if at all possible. This is not guaranteed, but every effort will be made to find a time that works without sacrificing a session.

**TERMINATION:** The Client may terminate the coaching relationship at anytime. Cancellation must be in writing, by fax or E-mail, with at least a seven-day notice.

**CONFIDENTIALITY:** Dr. Cale recognizes that the Client will likely discuss confidential issues during the coaching, any of which might include: family issues or concerns, marital difficulties, problems with children, future plans, unique ideas, business affairs, customer lists, financial information, job information, goals, personal information, and other private information. Dr. Cale will not at anytime, either directly or indirectly, voluntarily disclose, or communicate this information to a third party. He will not use any information for his own benefit, and Dr. Cale will not voluntarily divulge that Dr. Cale and the Client are in a coaching relationship without the expressed written permission of the Client. This confidentiality agreement does not apply to illegal activities, child abuse, suicidal intent, or plans to conduct harmful or illegal activities.

**DISPUTE RESOLUTION:** Any disagreement arising from the terms of this agreement will be submitted to arbitration, to occur via telephone. The Parties agree to be bound by the decision of a mutually agreed upon arbitrator whose fees will be split equally between the parties.

The Client (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

(Signature) \_\_\_\_\_

Dr. Cale \_\_\_\_\_ Date \_\_\_\_\_

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## Coaching Invoice (Initial your choices. Fax to 888-823-4316)

Payment is due, in advance, for our first four calls (45 minutes each). If you purchase a coaching series through our online shopping cart at [Terrific Parenting](#), please complete this form, but mark "PREPAID ONLINE." You will not be charged again for your coaching.

**OPTIONS FOR PAYMENT:** (Please initial below and return)

1. \_\_\_\_\_ **Four sessions prepaid by check:** Please make checks payable to:  
Randy L. Cale, PhD  
634 Plank Rd, Suite 101  
Clifton Park, NY 12065

**OR**

2. \_\_\_\_\_ **Four sessions by credit card:** Please debit my credit card in the amount of \$850.00 for a block of four coaching calls (45 minutes each). You will also need to copy your driver's license and credit card, and send/fax these with this invoice. This is for your protection, to ensure that your credit card is not being abused.

You can also click on the link here, to pay through online shopping cart: [Coaching Payment Online](#)

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**If I choose to continue in coaching with Dr. Cale after our initial four sessions, I select the following payment method:**

\_\_\_\_\_ **Bill me for blocks of four sessions:** Please debit my credit card in the amount of \$850.00 for an additional block of four coaching calls (45 minutes each), and continue to charge my credit card \$850.00 in advance for each subsequent block of four calls (45 minutes each) as long as our coaching relationship continues. I will notify Dr. Cale when I wish to stop or modify this arrangement, or we agree mutually to end the coaching relationship.

\_\_\_\_\_ **Check Here if you prepaid online:** [Coaching Payment Online](#)

**Or Fax Your Credit Card Info Here: 888-823-4316**

MC/VISA Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Your Printed Name \_\_\_\_\_ Sec Code: \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Zip code: \_\_\_\_\_

{Please keep this invoice as your credit card receipt. Your fax to Dr. Cale is being sent to a secure fax number}