



HPCS | Panther TRACK Resource Program Tuition 2016-17

Student Name: _____ Grade Entering: _____ Date of Most Recent Psychoeducational Evaluation: _____
 Diagnosis: _____

Important Notes: _____

Check individual boxes next to resources to enroll in each.

✓	Resources	Sessions per week	Annual Amount	Description
	TRACK Enrollment	x	\$140/50 (due at enrollment)	\$140 includes administrative expenses, select curricula/supplies, and the development of an individualized learning plan (ILP). Students without a psychoeducational evaluation who are enrolled ONLY in academic coaching will not have an ILP and will be billed \$50 (instead of \$140).
	Tutorial instruction	as needed	private contract	Recommendations for private tutors available.
	Remedial instruction	2-4	\$2040 (prorated to payment plan)	Individual and small group instruction for closing learning gaps in math and/or reading/language arts (provided during an agreed-upon related arts class). Note: Psychoeducational testing required for placement.
	Academic coaching	1-2	\$960 (prorated to payment plan)	Individual and small group instruction for current assignment completion and study skills (provided in classroom). Note: Preference given to students with psychoeducational testing on file, but testing NOT required at this time.
	Counseling	as needed	private contract	Recommendations for professional counseling available.
	Kinesthetic development	as needed	ATS will bill to your private insurance.	Please request information on therapies provided by Advanced Therapy Solutions at HPCS.

Enrollment in HPCS Panther TRACK Resource Program is contingent on eligibility and program availability. Eligibility is determined by parent and/or teacher referral along with psychoeducational testing by approved examiner and/or medical doctor that has resulted in a formal diagnosis (with the exception that a diagnosis is not required for Tutorial Instruction). All resources registered for will be billed to the student's Smart Tuition account. Please see Dr. Kevin Priest for financial assistance programs that may be available to you.

Signature _____	Date _____	Office Notes:
Signature _____	Date _____	
Signature of Resource Director _____	Date _____	