



Center for the Challenging Child  
A Division of Anu Family Services  
Main office: 901 Fourth St., Hudson, WI 54016

Fax: 855-329-2681 Phone: 651-453-0123 Please email to: [tfeigal@anufs.org](mailto:tfeigal@anufs.org)  
Tina Feigal, M.S., Ed. Parent Coach

## Intake Form

Today's Date: \_\_\_\_\_

Client Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Time Zone:  Central  Eastern  Mountain  Pacific

Occupation(s): \_\_\_\_\_

Religious preference (optional) \_\_\_\_\_

Race:

- African American
- Asian
- Caucasian
- Hispanic

- Native American
- Pacific Islander
- Two or more
- Other

Referred by: \_\_\_\_\_

May we acknowledge this referral?  Yes  I'd prefer not

Child: \_\_\_\_\_

Age: \_\_\_\_\_

Issues for which you'd like help:

Child: \_\_\_\_\_

Age: \_\_\_\_\_

Issues for which you'd like help:

Child: \_\_\_\_\_

Age: \_\_\_\_\_

Issues for which you'd like help:

Child: \_\_\_\_\_

Age: \_\_\_\_\_

Issues for which you'd like help:



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## ***Client Coach Agreement***

Please print, sign, date, and email to [tina@parentingmojo.com](mailto:tina@parentingmojo.com).

### **What you can expect from your coach and parent coaching:**

1. I will provide an initial 90-minute intake and 60-minute parent coaching sessions on a regularly scheduled basis, beginning with four total sessions, and as needed after that.
2. I will use my knowledge and experience for the betterment of your parenting or teaching relationship at all times. I will hold your family or classroom as a highly valued, healthy entity.
3. I will charge fees that are reasonable with no hidden costs.
4. I will be open for brief troubleshooting phone calls between coaching appointments.
5. I will not do therapy, as I am not a licensed therapist. Rather, I will coach you on the specifics of applying Present Moment Parenting in your home or classroom. I will celebrate your successes with you!
6. I will refer you to a therapist if it is determined to be necessary. Our parent coaching relationship may continue during the time that the therapy is taking place. If coaching does continue, we acknowledge that it is training in a specific set of skills, and is complementary to the therapy.
7. I will respect your privacy, while sharing the limits of confidentiality with you.

### **What your Parent Coach will expect from you:**

1. You agree to participate in each parent coaching appointment at the designated time.
2. You agree to cancel or reschedule your appointment 24 hours in advance if your plans need to change. If this does not occur, it will be necessary to apply the customary charge. Call your parent coach at 651-453-0123 to reschedule.
3. You agree to report three successes to your coach at the beginning of each session. This is intended to keep you focused on success with the child.
4. You agree to pay your fees at the time of service. Payment in advance, in four-session packages, is customary. Visa and MC accepted. Payment plans and sliding fee scales are available, but no refunds.

EAP clients may ignore the statements below.

I will pre-pay for the four-session package (\$550)

or

I will pay by session for each session (\$175 for initial session, \$125 for each subsequent session).

### **Your Rights as a Client**

In addition to the above expectations, you have the following rights:

1. To expect that your coach has appropriate qualifications, training, and experience for competent practice.
2. To request information regarding the credentials of your coach.
3. To a grievance process.
4. To be informed of cost of service before receiving coaching.
5. To privacy as defined by policy and law.

6. To be free from discrimination on the basis of race, religion, gender, or other unlawful category.
7. To have access to records completed by your coach according to Center for the Challenging Child's policy.
8. To insert information into your client file.
9. To be free from exploitation for the benefit or advantage of your coach.

**Confidentiality**

The Center for the Challenging Child maintains a strict policy on the confidentiality of your records. All information you share, or of which we become aware through our work with you, will remain confidential. Information will not be shared unless you have given your permission via a signed Release of Information. Anu Family Services complies with accreditation requirements through Council on Accreditation, which may require review of your records by COA staff.

There are some circumstances in which this policy becomes void, and we are required by law to release information:

- If your coach becomes aware that you may be a danger to yourself or others.
- If your coach becomes aware of child abuse or neglect.
- If your coach is subpoenaed to court to testify or your records are subpoenaed by the court.

**If you have a complaint**

You have a right to a fair process if you have a concern or complaint. You will have your concerns addressed in a fair and reasonable manner without fear of reprisal according to the following procedure:

1. As a client you or your family member will be the first address the concern with your Parent Coach.
2. If the concern is not resolved, you have the right to request a team meeting with Center for the Challenging Child.
3. If the concern is still unresolved, you may put the concern in writing to the Chief Operating Officer (COO) who will schedule a special meeting, which may include members of the Center for the Challenging Child team and any additional persons identified by you. The COO will complete a summary of the grievances and will issue a resolution.
4. You have a right to have all records of the grievance placed in writing in your file and copies will be sent to all involved parties.

Clients filing a grievance should receive timely written notification of the resolution. Thank you for your trust in our parent coaching services. I look forward to working with you and bringing out the very best in the intense child/children in your life!

My signature indicates I have reviewed and understand the information above.

Parent 1 Signature _____	Date _____
Parent 2 Signature _____	Date _____
Parent Coach Signature <i>Tina Feigal</i> _____	Date _____

*Admin Use Only*  
file: CCC Client/Coach Agreement v 8.30.19

*coach forward to office administrator upon completion*

[\*\*Click here for the Pre- and Post-Coaching-Questionnaire\*\*](#)