

## Application for Admission PACE® Program

### Program Description:

Processing and Cognitive Enhancement®, (“PACE”) is a brain training program designed to address underlying cognitive challenges that prevent students from demonstrating their potential during learning and academic tasks.

Students who have completed the PACE program are eligible to continue their training with Master the Code® (“MTC”). MTC is a reading program at Eckert Psychology & Education Centre (“Eckert Centre”) that is designed to develop a solid foundational knowledge of the sound and letter patterns in the English language, as well as automatic access to this knowledge.

### To initiate the application process:

- 1. Contact Darlene Rochow, Client Services Coordinator at 403-230-2959, ext 33.**  
Darlene is available to answer any questions you may have about Eckert Centre’s courses or the application process. She can also schedule any appointments you may need to fulfill the pre-requisite requirements for enrollment in one of our programs.
- 2. Complete the admission package which is comprised of the following forms:**
  - Application for Admission
  - Authorization to OBTAIN / RELEASE Information
  - Pre-Authorized Credit Card Payment (if info not yet on file)
- 3. Submit the completed application package using one of the following methods:**
  - In Person:** Eckert Psychology & Education Centre  
Unit A, 2220 – 7 Ave NW  
Parking is located in the parking lot at the back of the building
  - By Mail:** Eckert Psychology & Education Centre  
Unit A, 2220 – 7 Ave NW  
Calgary, AB T2N 0Z6
  - By Email:** [info@eckert-psychology.com](mailto:info@eckert-psychology.com)
  - By Fax:** 403-270-2650

### Pre-Requisite Requirements for PACE

To ensure families are applying for the program that will best suit the needs of their child, we require that the participant has:

1. completed a psycho-educational assessment at Eckert Centre within one year of the client applying for the PACE Program, where PACE was recommended within the assessment report, **or**
2. undergone a consultation with a psychologist from Eckert Centre within the last year and PACE was recommended; **and**  
completed a 0.5 hour consultation with a psychologist from Eckert Centre to complete program selection (may be accomplished via phone).

## Scheduling

PACE is an intensive program, requiring three hours of training per week at Eckert Centre (two 1.5-hour sessions or three 1.0-hour sessions) and an additional three hours a week of training at home each week

This 16-week program is comprised of the following sessions:

Week 1: Pre-assessment and parent conference  
Weeks 2 – 15: Face to face sessions with client  
Week 16: Post-assessment and parent conference

***In order to complete the PACE training, you will need to enroll in two consecutive 8-week semesters.***

## Course Dates

2016	2017	2018
<input type="checkbox"/> Jan 4 to Feb 27	<input type="checkbox"/> Jan 2 to Feb 25	<input type="checkbox"/> Jan 1 to Feb 24
<input type="checkbox"/> Feb 29 to Apr 23	<input type="checkbox"/> Feb 27 to Apr 22	<input type="checkbox"/> Feb 26 to Apr 21
<input type="checkbox"/> Apr 25 to Jun 18	<input type="checkbox"/> Apr 24 to Jun 17	<input type="checkbox"/> Apr 23 to Jun 16
<input type="checkbox"/> Jun 20 to Aug 27	<input type="checkbox"/> Jun 19 to Aug 26	<input type="checkbox"/> Jun 18 to Aug 25
<input type="checkbox"/> Aug 29 to Oct 22	<input type="checkbox"/> Aug 28 to Oct 21	<input type="checkbox"/> Aug 27 to Oct 20
<input type="checkbox"/> Oct 24 to Dec 17	<input type="checkbox"/> Oct 23 to Dec 16	<input type="checkbox"/> Oct 22 to Dec 15

Courses are comprised of 8-week semesters. Semester 4 is a 10 week period to allow for a two week holiday breaks. There is also a two week break during the Christmas season. Dates are subject to change.

## Tuition

The tuition for the program is \$5,880.00 including GST (subject to change). This rate includes pretest, posttest, scoring, two parent conferences, 42 hours of training sessions, and a PACE kit which is the student's to keep.

Any additional time provided by your coach including face-to-face meetings, phone calls made on behalf of the client, communication between sessions (e.g., e-mails), file reviews, and/or report writing will be billed at a rate of \$100.00/hour or will be taken from the allotted 1.5 hour block. The length of sessions is based on an estimate of time and clients are charged based on .25 hour increments.

## Scheduling Policy

Sessions will be scheduled in advance. The coach will confirm the session dates and times for the second session towards the end of the first semester.

Once the sessions are confirmed between the coach and the client, they cannot be changed.

## Payment Policy

Upon signing the Application for Admission, the billing party is agreeing to the services provided. An invoice will be produced and payment taken once the sessions for the first semester are confirmed between the coach and the client.

## Refund & Cancellation Policy

Course fees are non-refundable. If a client is unable to attend a session, the session will be forfeited.

A proportionate refund will be provided if Eckert Centre is not able to deliver all of the contracted services.

## Wait List

Enrollment in our programs is limited. If a program is full, families will be placed on a wait list, prioritized according to the date the completed Application for Admission form was received. Families will be contacted as soon as an opening becomes available. The family then has two business days to accept and pay. If families do not respond within that time-frame, the next family on the wait list will be contacted.

## Financial Support

Eckert Centre wants to support families to access our comprehensive programs and to help minimize the barriers to service created by financial constraints. Therefore, we encourage all families to carefully review the following information and avail themselves of any and all avenues of financial support for which they may qualify. Sources of support include:

- Psychological services covered by individual, group and employer medical plans  
Families are encouraged to review their benefit plans to determine the amount allocated to cover psychological services. Involvement by a psychologist in your program can be claimed under this allocation. If two parents/guardians have benefit plans, benefits can be coordinated to cover a larger portion of costs. Further, some costs may be able to be directed to other family members covered under the plan(s).
- Coaching and psychological services covered by employer health spending accounts (HSA) and employee assistance plans (EAP)  
Families are encouraged to review their benefit plans to determine if coaching services are covered under their HSA and/or EAP.

### Coaching and psychological services covered under private health savings plans (PHSP) for self-employed

- Income Tax  
The following tax credits are available to all tax payers:
  - Children's Arts Amount: \$500 of costs of cognitive coaching and PACE/MTC programs deductible; this amount increases to \$1,000 for those children who qualify for the disability amount
  - Medical Expenses: psycho-educational assessments, counseling, cognitive coaching and PACE/MTC costs that are not reimbursed from another source may be claimed as medical expenses

In addition, the following tax credits, plans and grants are available to persons with a severe and prolonged impairment in physical or mental functions:

- Disability Amount (DTC): non-refundable tax credit; approved CRA Form T2201 required
- Registered Disability Savings Plan (RDSP): to provide for the long-term financial security of a beneficiary; income on earnings transferred to beneficiary  
For more information see: <http://www.esdc.gc.ca/eng/disability/savings/rdsp.shtml>
- Canada Disability Savings Grant: Federal government provides a matching grant of up to 300% of RDSP contribution to \$3,500/yr; lower-income families may qualify for payments from the Canada Disability Savings Bond program without having to make a contribution to an RDSP.  
For more information see: [http://www.esdc.gc.ca/eng/disability/savings/grants\\_bonds.shtml](http://www.esdc.gc.ca/eng/disability/savings/grants_bonds.shtml)
- Further information can be found on the Canada Revenue Agency site at <http://www.cra-arc.gc.ca/E/pub/tg/rc4064/rc4064-12e.pdf>.

Families are encouraged to speak with their accountant.

- Family Support for Children with Disabilities (FSCD)  
This government agency provides funding support to families with children who have disabilities under the Child and Family Services authority. FSCD assesses each family's access to funds on an individual basis. Eligibility to funds and the extent of support is determined by an FSCD Assessment Worker. To start the process of obtaining funding, families can contact the FSCD Intake Line at 297-6022. If approval is received, it is only for eligible costs incurred after the date of the signed agreement. Some families may be able to claim a portion of our fees to their insurance company, and be reimbursed for an additional portion of our fees by FSCD. FSCD does not cover the costs of academic cognitive coaching, PACE nor MTC.

- Bursary  
Bursary funds are available for clients and their families who access services at Eckert. The criteria for access to the bursary include:
  - The family has fully utilized any benefit plan and/or employee assistance program
  - The family qualifies according to their gross family income (There is no income “cut-off” for access to funds; rather, bursaries are dispersed according to a sliding fee scale that adjusts according to annual gross family income.)Email Lori-Anne, our Client Services Administrator, at [LEklund@eckertcentre.com](mailto:LEklund@eckertcentre.com), to request a bursary application form.
- Child Disability Resource Link  
This is a government-funded “hotline” created to provide families with information on government programs, community supports, and disability-related resources and information. According to the hotline’s brochure, operators are available toll-free weekdays 8 a.m. to 8 p.m. and Saturdays 8 a.m. to 4 p.m. The toll-free number is 1-866-346-4661. There may be additional funding opportunities open to your family that you may be able to access by speaking with these operators.



**PACE  
Application for Admission**

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

Client Name: \_\_\_\_\_

Parent / Guardian Names: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #s: \_\_\_\_\_

How did you hear about PACE? \_\_\_\_\_

**Tuition Rate: \$5,880.00** (price before any bursary; includes GST; subject to change)

**The two semesters you are registering for** (dates subject to change):

- | 2016                                      | 2017                                      | 2018                                      |
|---|---|---|
| <input type="checkbox"/> Jan 4 to Feb 27  | <input type="checkbox"/> Jan 2 to Feb 25  | <input type="checkbox"/> Jan 1 to Feb 24  |
| <input type="checkbox"/> Feb 29 to Apr 23 | <input type="checkbox"/> Feb 27 to Apr 22 | <input type="checkbox"/> Feb 26 to Apr 21 |
| <input type="checkbox"/> Apr 25 to Jun 18 | <input type="checkbox"/> Apr 24 to Jun 17 | <input type="checkbox"/> Apr 23 to Jun 16 |
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| <input type="checkbox"/> Oct 24 to Dec 17 | <input type="checkbox"/> Oct 23 to Dec 16 | <input type="checkbox"/> Oct 22 to Dec 15 |

**Requested Time(s):** \_\_\_\_\_

**Requested Day(s):**  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

**Billing Party's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

For Office Use Only: Fee Code: 541
Names ID _____ Client # _____ Initial Log # _____ Invoice # _____
Reserved Semester (Year/Semester) _____
Day(s) and Times of Service _____
Start Date _____ Planned Missed Sessions (# & Dates) _____
Requested Semesters not yet reserved _____
Coach _____
Coach's Signature _____ Date: _____



**Authorization to OBTAIN / RELEASE Information**

I, \_\_\_\_\_ HEREBY GIVE PERMISSION FOR A STAFF MEMBER OR CONTACTOR OF ECKERT PSYCHOLOGY & EDUCATION CENTRE TO OBTAIN AND/OR RELEASE INFORMATION PERTAINING TO MYSELF AND/OR MY CHILD, \_\_\_\_\_ TO/FROM THE FOLLOWING PEOPLE/AGENCIES, ACCORDING TO MY INFORMED CONSENT AS DETAILED BELOW. I UNDERSTAND WHY THIS INFORMATION IS BEING OBTAINED/RELEASED AND I AM AWARE OF THE RISKS OR BENEFITS OF CONSENTING, OR REFUSING TO CONSENT. I ALSO UNDERSTAND THAT I MAY REVOKE THIS CONSENT AT ANY TIME AND THAT THIS CONSENT AND AUTHORIZATION DOES NOT EXPIRE EXCEPT BY MY REVOCATION.

**Please check the appropriate boxes below:**

**OTHER SERVICES at Eckert Centre**

Assessment  Counselling  Academic Cognitive Coaching  PACE/MTC

OBTAIN; all pertinent information  
 OBTAIN: selective information as follows \_\_\_\_\_

RELEASE; all pertinent information  
 RELEASE: selective information as follows \_\_\_\_\_

**DOCTOR** \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

OBTAIN; all pertinent information  
 OBTAIN: selective information as follows \_\_\_\_\_

RELEASE; all pertinent information  
 RELEASE: selective information as follows \_\_\_\_\_

**OTHER** \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

OBTAIN; all pertinent information  
 OBTAIN: selective information as follows \_\_\_\_\_

RELEASE; all pertinent information  
 RELEASE: selective information as follows \_\_\_\_\_

\_\_\_\_\_  
Client/Parent/Guardian Name

\_\_\_\_\_  
Eckert Centre Staff/Contractor Name

\_\_\_\_\_  
Client/Parent/Guardian Signature

\_\_\_\_\_  
Eckert Centre Staff/Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**Pre-Authorized Credit Card Payment**

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

Client Name: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

I agree to the financial obligations incurred for services rendered by Eckert Psychology & Education Centre

I hereby authorize all charges to be applied to the following credit card:

VISA    MasterCard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (mo/yr)      3 digit code on the back of credit card \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Signature\*: \_\_\_\_\_

\* If you do not have an electronic signature, please print this form, sign it and return it to us, prior to your next scheduled appointment. You can e-mail to [reception@eckertcentre.com](mailto:reception@eckertcentre.com), fax to 403 270-2650 or bring it in person to our office at Unit A, 2220 - 7th Ave N.W. Calgary.

For Office Use Only:

Names ID \_\_\_\_\_ Case/CCP #: \_\_\_\_\_ Termination Date: \_\_\_\_\_

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