



Little Giant Steps
neurodevelopmental innovations

GETTING STARTED WITH YOUR INITIAL EVALUATION

1. **Orientation:**

Order and watch the DVD called: “The NeuroDevelopmental Approach” from our web store – www.LittleGiantSteps.com.

2. **History and Application Form:**

Email, fax or mail the completed history form, along with a photograph of the client (electronic pictures are welcome and appreciated) to the addresses at the top of the form. You do not have to complete the 7-day Food Diary (mentioned on page three) before submitting the history form; you can bring it with you to your appointment. Any additional testing you have can be reviewed at the evaluation and need not be faxed or emailed.

3. **Deposit:**

A deposit of \$375.00 is necessary to schedule and secure an appointment. We accept cash, checks, debit cards, Visa, Master Card, American Express, Discover and PayPal.

4. **Scheduling an Appointment:**

Once we receive your completed history form and deposit, we will determine which neuro- educational specialist will best meet your needs and contact you to schedule an appointment.

5. **Appointment Day:**

- The evaluation process takes approximately 2-3 hours. This time includes the client evaluation and the parent consultation with the neuro-educational specialist.
- It is important to be on time as being late will shorten the time available for the parent consultation portion of your appointment.
- Your neuro-educational specialist or a member of the Little Giant Steps (LGS) design team will create an Individualized Neurodevelopmental Program (INP) specifically designed to meet the client’s needs, either the day of your appointment or within one week of your evaluation.
- When your INP is ready, you will receive an email with login information so you can view online video clips of the activities on your INP. You will have **30 days** access to the online INP. High speed Internet access is necessary to view these video

clips. If you don't have high speed internet access at home, please have an alternate plan for viewing your INP such as: your local library, a "coffee house" or other establishment that offers internet access, spouses' workplace, or the computer of a neighbor, friend or family member who lives nearby.

- **Scheduling the Re-evaluation:** Services and support are based on four month time periods. A re-evaluation every four months is encouraging to parents as progress is revealed that is not always readily apparent. In addition, the parent consultation is extremely necessary to the process of updating the INP for continued progress toward neurological efficiency. Parents are the expert on their child and this input is an important aspect of the process. Re-evaluations are scheduled four months in advance. Either your evaluator or someone from the LGS office will contact you to schedule your next appointment.

- **Cancellation Policy:**

Please be aware that we often have families waiting for an available appointment so your consideration in the following is appreciated.

Emergencies and Illness

We realize that at times cancellations due to family emergencies or illness is unavoidable. Thank you in advance for not bringing a sick child to an evaluation.

Cancellation for the above two reasons offers these options:

- **Option 1:** Reschedule your appointment for the next available appointment time as soon as possible. Please be aware that due to our limited schedule in certain locations, this appointment may not be available in your geographical area so travel may be involved.
- **Option 2:** In the case of an illness of the child, the re-evaluation form would be submitted electronically and the parent consultation would be conducted during the regularly scheduled time frame of the evaluation. The new program would be written from this information.
- **Option 3:** In the case of family emergency, the re-evaluation form would be submitted electronically at the parents' convenience and the parent phone consultation would be scheduled after the crisis is past. The new program would be written from this information.

Personal Scheduling Conflict

If you need to reschedule or cancel your appointment due to a personal scheduling conflict or other such situation, a minimum of two weeks' notice is necessary to be eligible for a replacement in-person evaluation close your canceled appointment date. Without receiving two weeks' notice, these options are available to receive your new program:

- **Option 1:** The re-evaluation form would be submitted electronically at the parents' convenience and the parent phone consultation would be scheduled as

close to the appointment date as possible. The new program would be written from this information.

- **Option 2:** An in-person re-evaluation would be scheduled approximately 30 days **after** the missed appointment. Be sure to note that the monthly drafts continue which makes this re-evaluation option more expensive. Please be aware that due to our limited schedule in certain locations, this appointment may not be available in your geographical area so travel may be involved.

6. **Evaluation Fee Options:**

- **Option 1:** Pay for the first four evaluations in advance and receive a 10% discount. Total cost for the first four evaluations is \$2935.00 (this price includes the \$375.00 deposit mentioned above); with the 10% discount, the cost is \$2641.00 (you save \$294). This price includes four evaluations and four Individualized Neurodevelopmental Programs (INP). **PLEASE NOTE:** There is no refund for fees that have been paid with this discount. If you decide to choose Option 1, please understand you are making a 16 month commitment (4 evaluations and 4 INPs) to your or your child's future and there will be no refund if you decide to discontinue the program early. FYI- The majority of individuals on a neurodevelopmental program require 16-24 months minimum for total resolution of brain inefficiencies.
- **Option 2:** Make a \$375.00 deposit to secure an appointment. On the day of your evaluation, the balance of \$400.00 is due. Be prepared that day to make arrangements with the LGS home office for monthly payments (starting the month after your Initial Evaluation) of \$180 to be drafted from your credit or debit card each month on the 1st OR 15th (your choice). No additional evaluation and program fees are incurred for re-evaluations besides these monthly drafts. **PLEASE NOTE:** There is no refund for fees that have been paid. If you are paying on a monthly basis and decide to withdraw from the program, you must give us seven business days' notice prior to your scheduled monthly draft on the 1st or 15th in order to stop your monthly payments. There are no refunds for previous monthly payments.

7. **ADDITIONAL FEES:**

- **INP Supplies:**

Many of the neurodevelopmental materials you will need to implement your program can be handmade; however, we have found that the majority of our clients prefer the convenience of purchasing these materials ready-made. The cost of these materials is typically between \$50.00 and \$200.00 for the Initial Evaluation and usually less for subsequent re-evaluations unless specific academic curriculum is included in the recommendations. All recommendations from LGS are at the parents' discretion to implement or not.

- **Evaluation Policy:**

Evaluation services are offered every four months. Each evaluation cycle begins with a full evaluation and includes a new INP and four months of support. **PLEASE**

NOTE: *After four monthly payments, you will be eligible for a re-evaluation. You may postpone your four-month re-evaluation but understand your monthly payments will continue. Changes take place in the brain whether you are doing the full slate of neurodevelopmental activities or not; thus, the INP needs to be updated every four months in order for the program to be most effective.*

Helping our clients be successful is our highest priority and we desire to help as many individuals as possible. We are thankful that we are accomplishing that goal evidenced by many of our clients referring their friends to us. We praise God that in clients' sharing of successes, more children receive the help they need.

- **Returned Check Fee:**

A \$30.00 processing fee will be charged for checks returned by the bank for non-sufficient funds. Payment for a returned check must be received in the form of cash, cashier's check, money order or credit card.



- Please complete the New Client Orientation and Commitment Letter and the 7-day food diary located on the following pages. You may return both of these documents on your appointment day or may email it to evalinfo@LittleGiantSteps.com . You may also fax it to 972.325.4119.



New Client Orientation and Commitment Letter

Little Giant Steps has a unique approach to building leaders and addressing learning difficulties and disabilities. The techniques used on the Individualized NeuroDevelopmental Programs (INP) are tried and true, having received proven results with thousands of adults and children across the country for more than 30 years. The successful elimination of neurological inefficiencies has only been present where the INP has been implemented with consistency over a long enough period of time. To accomplish your goals as an individual or new parent on our program, we ask you to review this mutual commitment agreement.

My commitment to you as your evaluator:

- ✓ Perform the most comprehensive evaluations possible.
- ✓ Supply you with up-to-date activities to address the challenges your child is experiencing.
- ✓ Make support available by phone and e-mail to discuss any concerns or challenges you may be experiencing in implementing the INP.

Your commitment:

- ✓ Implement the INP activities as described, **without additions or deletions**, unless you have received approval on a variation from your evaluator.
- ✓ Call or e-mail **immediately** with any concerns about implementing your INP.
- ✓ Put INP activities in a higher priority than any curriculum until the root issues plaguing you/your child have been addressed.

Please read the following carefully, initial the boxes and sign at the bottom.

I understand that as of the initial evaluation, I am making a minimum of **12 month commitment** to my Little Giant Steps' program. This is not a financial contract, but an understanding that the positive changes I desire for myself/my child will require time and effort in order to impact the brain in such a way that will unlock the God-given potential within. (In many instances, the time needed to meet the desired goals may require 18-24 months or more.) With more involved issues like syndromes, brain injury and autism spectrum the required time on program would be longer.

I understand that returning every four months so my/my child's Individualized NeuroDevelopmental Program (INP) can be updated is vital to our success with the program. I understand that it is Little Giant Steps' policy that each client should have three evaluations per year to fulfill the above mentioned agreement.

I understand that a deposit of \$375 is due upon securing the appointment for the Initial Evaluation (IE). After the IE, I have two options: **A.** The balance of \$400 for the IE is paid the day of the appointment. Then monthly payments of \$180.00 start the following month. **B.** Pay for the first year with Little Giant Steps in full and receive a 10% discount. Your first year includes four evaluations and four Individualized NeuroDevelopmental Programs - \$2266.00 (Includes \$400 balance for IE)

Re-evaluations are scheduled very four months for both options. These fees will be automatically withdrawn from my debit/credit card.

I acknowledge that I have read and understand the policies in the "Getting Started with Your Brain Training Program" document. I must notify LSG seven business days prior to the monthly draft, if I choose to withdraw from the program. I understand that if I withdraw from the program before my next evaluation, the monthly payments I have paid up to that point **will not be refunded**.

I understand that the root cause of the symptoms I or my child is experiencing will not change without direct intervention from myself or someone I assign to implement the INP as written.

Date _____
Parent/Guardian/Adult Signature

Evaluator Signature

