



EDUCATIONAL DIRECTIONS

Service Options and Fees

(These prices good until December 31, 2007)

The **Comprehensive Service** provides for unlimited one-on-one Counseling with the student and/or parents from the beginning of the process through to the beginning of the freshman year.

Comprehensive College and Career Counseling and Guidance Beginning in 9 th or 10 th Grade.	\$2,500
Comprehensive College and Career Counseling and Guidance Beginning in 11 th or 12 th Grade	\$2,000
College List Service (includes personality & career inventories)	\$1,200
Graduate School Consultation & Guidance	\$1,200
Consultation on School, College, Career -- Hourly services: Consultation relating to general questions and advice on specific areas of college admissions; not individualized.	\$250/hour (initial hr.) \$100/hr
Career & Personal Inventories and Assessment with Feedback	\$250

*All service options allow a \$100 discount on any Princeton Review course (SAT, ACT, SSAT, GRE, GMAT, MCAT, LSAT)

AGREEMENT & RELEASE

I have read the **Statement on Philosophy and Practices** and understand the position of **Educational Directions** and what it offers and the expectations for the student and parents in this process. I agree that I will pay the entire consulting fee prior to the second visit, unless specific arrangements have been made ahead of time. **Educational Directions** agrees that it will be available to the student and parents for the listed services and consultation on an unlimited basis within the realm of the specific search. In addition, **Educational Directions** will fulfill its commitment to work with the student and parents until a satisfactory placement is found.

I agree to release any pertinent medical, psychological, or other records to **Educational Directions**. I give permission for **Educational Directions** to release these reports and records to any school or agency deemed necessary for the purposes of educational counseling and school placement. I understand that additional educational or psychological testing, psychotherapy, medical evaluation, etc. that may be recommended will be separate and additional costs for which referrals can be made.

Parent Signature: _____ Date signed: _____

Student Signature: _____ Date signed: _____

This release is valid until (date): _____

Educational Directions, Inc.
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