



Early Intervention Agency  
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### FEE FOR SERVICE(S) SCHEDULE

Compensation agreement for \_\_\_\_\_, PT/OT/COTA/CSW/SLP/SI  
(Name)

\$ \_\_\_\_\_ per complete authorized BASIC HOME/COMMUNITY/COLLATERAL session (30 min.)

\$ \_\_\_\_\_ per complete authorized BASIC HOME/COMMUNITY/COLLATERAL session (60 min.)

\$ \_\_\_\_\_ per complete authorized ABA EXTENDED HOME/COMMUNITY/COLLATERAL session (60 min.)

\$ \_\_\_\_\_ per completed received DEVELOPMENTAL EVALUATION (Monolingual)

\$ \_\_\_\_\_ per completed received DEVELOPMENTAL EVALUATION (Monolingual) and Summary

\$ \_\_\_\_\_ per completed received DEVELOPMENTAL EVALUATION (Bi-lingual)

\$ \_\_\_\_\_ per completed received DEVELOPMENTAL EVALUATION (Bi-lingual) Summary and Translation

*For Employee/Independent Subcontractor:*

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
(Name)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_  
(Corporation)

*For Intellectual Gift, Inc.:*

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
(Name)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_