2026-2027
ABC of NC School Tuition and Fees
Rates effective August 1, 2026

GROUP INSTRUCTION	MONTHLY TUITION
Full-time student (6 hours/day)	$3,829
Modified school day (4 hours/day)	$2,559
Modified school day (2 hours/day)	$1,282
GROUP INSTRUCTION WITH 1:1 CLASSROOM AIDE	**MONTHLY TUITION**
Full-time student with 1:1 Classroom Aide (6 hours/day)	$8,489 (covers tuition and aide)
Modified school day with 1:1 Classroom Aide (5 hours/day)	$7,076 (covers tuition and aide)
Modified school day with 1:1 Classroom Aide (4 hours/day)	$5,660 (covers tuition and aide)
Modified school day with 1:1 Classroom Aide (3 hours/day)	$4,246 (covers tuition and aide)
Modified school day with 1:1 Classroom Aide (2 hours/day)	$2,830 (covers tuition and aide)
Modified school day with 1:1 Classroom Aide (1 hour/day)	$1,415 (covers tuition and aide)
GROUP INSTRUCTION WITH 2:1 CLASSROOM AIDE	**MONTHLY TUITION**
Full-time student with 2:1 Classroom Aide (6 hours/day)	$16,979 (covers tuition and aide)
Modified school day with 2:1 Classroom Aide (5 hours/day)	$14,152 (covers tuition and aide)
Modified school day with 2:1 Classroom Aide (4 hours/day)	$11,322 (covers tuition and aide)
Modified school day with 2:1 Classroom Aide (3 hours/day)	$8,491 (covers tuition and aide)
Modified school day with 2:1 Classroom Aide (2 hours/day)	$5,660 (covers tuition and aide)
Modified school day with 2:1 Classroom Aide (1 hour/day)	$2,830 (covers tuition and aide)

- Tuition is non-refundable. No refunds will be issued for client absences, inclement weather days, or other occasions, nor can these days be made-up (with the exception of scheduled inclement weather make-up days).
- When a client's medically necessary, authorized clinical treatment plan includes 1:1 ABA therapy delivered in a school setting:
    - Group instruction tuition will be billed to the family or contracting school district (for students with out-of-district placements), and
    - 1:1 ABA therapy will be billed to the client's private health insurance and/or Medicaid, and the family or contracting school district (for students with out-of-district placements) will be responsible for any co-pays, co-insurance, or fees not covered by the insurance plan/Medicaid.
- Supplemental services, such as speech, occupational, and physical therapies and mental health counseling may be delivered during the student's school day in either the therapist's office or in the student's classroom. School tuition is not prorated for supplemental services that occur within the student's school day.

Staff Use only (initials/date rec'd):

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Clinical Services Request

Rates effective 7/1/26

Client's Name: _____ DOB: _____

Parent/Guardian Name(s): _____

Phone _____ Email: _____

SELECT SERVICE(S)*	RATE
☐ 1:1 Applied Behavior Analysis (ABA) Therapy with Behavior Technician	$113/hour
BCBA/BCaBA Treatment Planning/Client Treatment/ Family Guidance	$195/hour
☐ Diagnostic Evaluation	$200/hour
☐ Individual Counseling/Psychotherapy (30/45/60 minutes)	$125/$187/hour
☐ Family Counseling/Psychotherapy	$217/187/hour
☐ Couples counseling (specializing in couples with neurodivergent partner(s))	$187/hour
☐ Offsite Consultation with BCBA/BCaBA (travel charges may apply)	$195/hour

*May be covered through private health insurance and/or Medicaid and subject to co-pays or co-insurance

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE

This is a request form only and not a guarantee of services.
This form is not a replacement for any insurance company or other funders' requirements.

Return completed form to: clientrelations@abcofnc.org