



Special Education Advocacy Agreement

Intake Date: ___ / ___ / ___

Name: _____ Relationship to Child: _____

Marital Status: _____ Other People Involved: _____

Education Rights: _____

Address: _____

Contact Information:

Home: _____ Message OK? Yes No

Cell: _____ Message OK? Yes No

Work: _____ Message OK? Yes No

Email: _____ Other: _____

Have you previously worked with an advocate or attorney?

Attorney: Yes No Status/Name: _____

Advocate: Yes No Status/Name _____

Notes: _____

Gender: M F Ethnicity: _____

Primary Disabling Condition: _____ Secondary/Other Dx: _____

Other Agencies Involved: Regional Center Mental Health

School District: _____ School: _____

Phone: _____ Grade: _____ Teacher: _____

dyslexia training institute

Education Changes Everything

Level of Placement:

Regular Ed _____ Inclusion _____ RSP _____ Special Day Class _____ NPS _____

Additional/Related Services:

Speech _____ OT _____ PT _____ APE _____ Counseling _____

Social Skills _____ Vision Therapy _____ RSP _____ Other _____

Medication: _____ Prescribed by: _____

Does child take meds: _____ Substance abuse? _____

Date of last IEP: _____

Behavioral Issues: _____

Emotional Issues: _____

Academic Issues: _____

What would you like to see changed? _____



PAYMENT INFORMATION

Advocacy services are charged at a rate of \$150.00 per hour. Services that are billed are:

- File Review
- Letter Writing
- Phone appointments with school staff, professionals, parents/caregiver
- Observations and Observation Report Writing
- IEP attendance either in-person or via technology
- Travel time to and from IEP meetings
- Any and all emails regarding the case

Monthly bills are emailed to advocacy clients by the fifth of each month for services provided the prior month. We accept cash, credit cards and checks. To keep a credit card on file, please fill out the following information:

Preferred method of payment: credit card check cash

Name on Credit Card _____

Card # _____ Exp. Date _____ Security Code _____

Billing Street Address _____ Zip Code _____

Signature _____

By signing above, I authorize the Dyslexia Training Institute to charge this credit card for advocacy services.

Failure to make payment as agreed upon above will result in suspension or termination of advocacy services.

***We are non-attorney advocates.*