IEP/504 Meeting Attendance

This IEP/504 Meeting Attendance Agreement will be completed by Advocacy Partners and the client, _____ on _____.

Description of Services: IEP and 504 meetings can be very overwhelming and emotional. Sometimes having another person who understands your wishes, hopes and requests for your student is helpful.
Advocacy Partners will review the students IEP or 504 paperwork prior to the meeting, providing all services outlined in IEP/504 Plan Review.
Advocacy Partners will attend the students IEP meeting with the client, _____.

What will be Offered/Completed:

1. The client, _____ will follow what is outlined in IEP/504 Plan Review.
2. Advocacy Partners will follow what is outlined in IEP/504 Plan Review.
3. Advocacy Partners will attend the IEP/504 meeting with the parent/guardian.

Compensation:

1. $85 for 1 hour of review
   a. Payment must be received prior to services being provided
2. $50 per hour, this will be based on the Conference of Meeting invite that is sent to the parent/guardian
   a. A copy of this invitation will need to be sent to Advocacy Partners
   b. If the meeting ends up going longer than what is identified on the invitation the client, _____ will be billed for the time
   c. Payment must be received upon receipt of the invoice
3. $0.20 per mile, after the first 15 miles will be billed to the client, _____
   a. Payment must be received upon receipt of invoice
4. **If** additional time is needed the client, _____ will be billed in 10 minute increments of additional time.
   a. Payment must be received upon receipt of the invoice
   b. Additional time is often only needed for students who have significant services or needs.

Agreement

By signing below, I acknowledge the above information outlined in the IEP Meeting Attendance Agreement.
By signing below, I acknowledge that there will be no refunds.

Client's Signature:	Advocacy Partners Staff Signature:
Date:	Date: