Information & Consent

Office Use Only:
Phone Consultation Date: _____

Parent/Guardian Information

Parent/Guardian Name(s): _____

Relationship Status: *(circle one)* Married Single Divorced Separated Widowed

Parent/Guardian Address: _____

City: _____ Zip code: _____

If there is an alternate parent/guardian address please list it below under "Additional Information"

Phone: _____ *(circle one)* Cell Home Work

Phone: _____ *(circle one)* Cell Home Work

Phone: _____ *(circle one)* Cell Home Work

E-mail: _____

E-mail: _____

Indicate next to each phone number and email which parent/guardian it belongs to.

Additional Information: _____
_____
_____
_____
_____

Student Information

Student Name: _____

Date of Birth: _____ Age: _____ Grade: _____

School District: _____

Home School: _____

Serving School: _____

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Information & Consent

Student's Disability: *(circle all that apply)*

Specific Learning Disability (SLD)	Speech/Language Impairment (SLI)	Other Health Impairment (OHI)
Autism (AUT)	Intellectual Disability (ID)	Emotional Disability (ED)
Developmental Delay (DD)	Multiple Disabilities (MD)	Hearing Impairment (HI)
Orthopedic Impairment (OI)	Visual Impairment (VI)	Traumatic Brain Injury (TBI)
Deaf-Blindness		

If the students' disability is Specific Learning Disability in which areas are they receiving support: *(circle all that apply)*

Basic Reading Skill	Reading Comprehension	Reading Fluency	Written Expression
Math Calculation	Math Problem Solving	Oral Expression	Listening Comprehension

If the students' disability is Other Health Impairment what reasons did the school state and/or what medical diagnosis' does the student have? _____

_____

_____

_____

If the students' disability is Emotional Disability what are the students' social/emotional struggles?

_____

_____

_____

_____

If the students' disability is Multiple Disabilities, what disabilities did the school state impact the student? _____

_____

_____

_____

_____

Any additional information: _____

_____

_____

_____

_____

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_____

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Information & Consent

Clients Consent

Please initial next to each consent statement. Your initials indicate your agreement to the services you have chosen and services that can and cannot be provided to you by Advocacy Partners.

____ I acknowledge that I am responsible for paying for services **prior** to receipt of services.

____ I acknowledge that payment for services can be made by cash, check, Zelle or Venmo.
*Payments by check include a $25 service fee if the check does not clear the bank.
*Payments by Zelle or Venmo are upon request.

____ I acknowledge that Advocacy Partners is an advocate for my student and a partner to the family.

____ I acknowledge that Advocacy Partners is **not** an attorney and cannot represent me, my family or my student in legal matters.

____ I understand that Advocacy Partners will do everything they can to ensure that my students IEP is legally compliant, however is not responsible if various items or requests are not acknowledged by the school district.

____ I acknowledge that any additional support/services that are needed which are not outlined in services (such as: communication with school staff, etc.) will be billed to the family in 10 minute increments at $10 per every 10 minutes.

Requested Services

- [ ] FREE Phone Consultation
- [ ] IEP/504 Plan Review
- [ ] IEP Meeting Attendance
- [ ] IEP Retainer Service
- [ ] Other:

_____
_____
_____
_____
_____
_____
_____

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Information & Consent

Agreement

By signing below, I acknowledge that I have requested services from Advocacy Partners.
By signing below, I acknowledge and read the information above and consented to the information above.
By signing below, I acknowledge working with Advocacy Partners.

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