

Special Ed Advocacy, LLC--Client Service Agreement

I _____, have willfully enlisted the services of Kathleen Haigh of Special Ed Advocacy, LLC as an educational advocacy coach. I understand that the role of an advocacy coach is to assist me in advocating for my student's special education needs by services such as, but not limited to, the following:

- Reviewing records related to my student's Individualized Education Program (IEP) or 504 Plan
- Recommending strategies to address discrepancies, disagreements, and compliance issues related to my student's educational program
- Recommending additional/different evaluations to help identify a student's strengths and needs in order to have them appropriately addressed
- Attending school or agency meetings relevant to my student's educational program as mutually agreed upon by me and Special Ed Advocacy, LLC (please note that only virtual attendance is offered at this time)
- Communicating with school district personnel and others as appropriate and as mutually agreed upon by me and Special Ed Advocacy, LLC
- Performing other advocacy-related activities as mutually agreed upon by me and Special Ed Advocacy, LLC

I understand that Kathleen Haigh (of Special Ed Advocacy, LLC) is not an attorney, educator, or mental/physical/behavioral health professional and that her conclusions, recommendations, and opinions do not replace, nor should they be construed as, advice or counsel from a practitioner in any of the aforementioned disciplines.

While Special Ed Advocacy, LLC may offer opinions on the strength of a potential dispute resolution action, I recognize that a qualified special education attorney should always be consulted as the definitive authority on any legal actions I may choose to take against my school district.

I agree that I am the final decision maker in my student's educational programming. I understand and agree that information, suggestions, resources, and opinions provided by Special Ed Advocacy, LLC are for my consideration only. I accept responsibility for how I utilize the input I receive from Special Ed Advocacy, LLC and will not hold the company or Ms. Haigh liable for any information, issues or outcomes that may result from my use of input received pursuant to this agreement.

By signing this agreement, I give Special Ed Advocacy, LLC the right to discuss my student's educational, medical, legal, and mental/behavioral health needs with those parties whom I deem appropriate. If any third party requires additional releases or signatures to engage with Special Ed Advocacy Advocate, LLC and its employees, I understand that it is my responsibility to ensure that Special Ed Advocacy, LLC is made aware of and sign these releases in a timely manner.

I agree to pay Special Ed Advocacy, LLC \$50 per hour for all services that are provided beyond the initial free consultation services.

The free initial consultation consists of 3 basic parts:

1. Up to 30 minutes of talking with you and understanding your concerns and questions
2. A review of the pertinent records regarding your student (school evaluations, IEP/504, medical diagnosis/es information), etc.
3. A follow up call to discuss the issues and potential strategies moving forward. My suggestions will be the result of my assessment of your student's records as well as your concerns

Examples of potential services requiring payment are as follows:

- Drafting and/or editing documents, letters, forms, emails, or other items of written communication necessary to assist the client with their educational advocacy needs
- Explaining special education rights, options and terminology
- Researching client-specific requests for information
- Meeting preparation and follow up

Special Ed Advocacy, LLC does not assist parents with due process pro se activities.

I understand that Special Ed Advocacy, LLC will not begin any substantive work on my student's case until they have received this signed client agreement. Substantive work is defined as any and all services beyond the initial free consultation.

I agree to pay all subsequent invoices from Special Ed Advocacy, LLC via check or their online payment system no later than 15 days after receipt. Invoices not paid within 15 days of the invoice may incur a 5% service charge per month until the balance is paid in full.

I understand that either I or Special Ed Advocacy, LLC can terminate this relationship at any time and for any reason. I agree to pay all outstanding fees owed to Special Ed Advocacy, LLC, via check or their online payment system, upon termination of this relationship by either party. I understand that Special Ed Advocacy, LLC will refund, via check or their online payment system, any monies paid for services not rendered, if applicable, upon termination of this agreement by either party.

Client Name (printed)

Student's Name (printed)

Client Signature

Date