Karen Keeney, Ed. S
(931) 553-3294
BridgingtheGapofClarksville@yahoo.com
www.BridgingtheGapofClarksville.com

Advocacy Service Agreement

Intake date: _____

Parent Information	
Name:	Relationship to Child:
Address:	
Email Address:	
Cell Phone:	Home Phone:
Do you give BTG permission to leave message(s) on your home/cell phone AND/OR receive text messages on your cell phone? YES or NO	
Parent Concern(s):	

Child Information	
Student's Name:	Student's DOB:
Student's Gender: M or F	Student's Ethnicity:
Student's EDUCATIONAL Strengths:	
Student's EDUCATIONAL Weaknesses:	
Does your child have a current Individualized Education Plan? YES or NO	
Primary Eligibility:	Secondary Eligibility:
Related Services (circle all that apply): SPEECH OCCUPATIONAL THERAPY ADAPTIVE PE	
PHYSICAL THERAPY VISION THERAPY OTHER: _____	
Date of INITIAL IEP:	Date of LAST IEP:

Are you involved with another advocate? YES OR NO

Are you involved with an attorney? YES OR NO

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School Information	
School:	Current Grade:
School's District:	
Teacher(s):	Phone Number:

Please read the statements below and initial beside each item to indicate your understanding.

_____ Bridging the Gap of Clarksville, LLC is a NON-ATTORNEY advocate.

_____ ADVOCACY SERVICES are charged a rate of $_____ per HOUR. BTG services will be individualized to meet the need(s) of your child, so services may include, but are not limited to the following:

_____ Phone Call(s) with involved parties such as: (school staff, parents, professionals, etc.)

_____ File reviews/Paperwork drafting

_____ Observations

_____ Emails

_____ IEP or Parent/Teacher Meeting attendance

_____ Traveling

_____ Report writing

_____ Other: _____

_____ PAYMENT shall be made at the time of first meeting OR in advance of meeting. The Advocacy Services Agreement must be signed and fees received before advocacy or consulting services can begin.

_____ The following payment methods are accepted: cash, credit card, or money order made payable to Bridging the Gap of Clarksville, LLC.

_____ MEETINGS will be held at the pre-arranged date, time, and location unless other arrangements have been agreed upon by both parties.

_____ CANCELLATION OF MEETING BY PARENT-The Parent may cancel a meeting by giving at least 48 hours prior notice to the Parent Advocate in which case no fees will be incurred by the Parent.

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_____ CANCELLATION OF MEETING BY PARENT ADVOCATE-The Parent Advocate may cancel a meeting by giving 48 hours prior notice to the Parent in which case no fees shall be incurred. If a meeting was pre-paid, the Parent Advocate shall reschedule the appointment at a time agreeable to both parties. Failing to reschedule will result in the Parent being refunded a missed meeting fee which is the fee for the meeting.

_____ CANCELLATION OF MEETING BY PARENT ADVOCATE-The Parent Advocate may cancel a meeting by giving 48 hours prior notice to the Parent in which case no fees shall be incurred. Where a meeting was pre-paid, the Parent Advocate shall reschedule the appointment at a time agreeable to both parties. Failing to reschedule will result in the Parent being refunded a missed meeting fee which is the fee for the meeting.

_____ NO LEGAL ADVICE will be OFFERED. Bridging the Gap of Clarksville, LLC does not offer legal advice. No one employed at Bridging the Gap of Clarksville, LLC is a lawyer, practices law and makes no claim to be an expert in Special Education Law. We have special knowledge about the IEP/504 process and students with and without disabilities.

_____ NO GUARANTEED RESULTS-Bridging the Gap of Clarksville, LLC will act on your behalf in a courteous, conscientious, and careful manner at all times to seek solutions that are appropriate for your child. Bridging the Gap of Clarksville, LLC cannot promise or guarantee any specific outcome or result.

_____ LIABILITY- Bridging the Gap of Clarksville, LLC/Karen Keeney's entire liability under this Agreement, if any, for damages relating to this Agreement and/or performance pursuant to this Agreement, whether based on contract or negligence, shall be limited to the amount paid to Bridging the Gap of Clarksville, LLC/Karen Keeney pursuant to this Agreement relative to the period of occurrence of events which are the basis of such claims. In no event will Bridging the Gap of Clarksville, LLC/Karen Keeney be liable for any consequential damages arising from or in any way related to this Agreement or performance pursuant to this Agreement.

_____ TERMINATION OF AGREEMENT-You may terminate this Agreement at any time, provided you have paid for all services delivered by Bridging the Gap of Clarksville, LLC. Bridging the Gap of Clarksville, LLC may terminate this Agreement at any time in the event of nonpayment of fees or in the event irreconcilable differences develop.

_____ WHOLE AGREEMENT-This agreement constitutes the entire understanding between the parties regarding the subject matter, thereof and the parties waive the right to rely on any alleged expressed or implied provision not contained herein. Any alteration to this agreement must be in writing and signed by both parties.

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_____ COMMUNICATION- Please feel free to call, text, or email me at the phone number or email address above if you have any questions or concerns. All calls, texts, and emails will be returned within 24-48 hours.

_____ CONFIDENTIALITY-Bridging the Gap of Clarksville, LLC agrees to keep all client information and records confidential. All information provided to Bridging the Gap of Clarksville, LLC by the undersigned will be regarded as strictly confidential and held by Bridging the Gap of Clarksville, LLC in confidence, and shall not be used or disclosed by Bridging the Gap of Clarksville, LLC to any person whatsoever except with prior written permission or as required by law.

_____ I understand that it is MY responsibility to provide Bridging the Gap of Clarksville, LLC copies of all pertinent paperwork such as recent evaluations, eligibility report, full IEP, 504 Plan, assessment results, progress report(s), report card, and/or observations/assessments completed by other professionals.

Parent/Guardian (Print Name): _____

Parent/Guardian (Signature): _____

Date: _____

Advocate (Print Name): _____

Advocate (Signature): _____

Date: _____