Speak Up for Education Consulting, LLC
Jeanette Nowak
414-317-2467
speakup4education@gmail.com
www.speakupforedu.com

Consent for Consulting Services

I, _____as a Parent/Guardian of _____ DOB: _____/_____/_____ give hereby give consent for Speak Up for Education Consulting, LLC (Jeanette Nowak) to attend and provide input on my behalf at educational meetings. These meetings may include but are not limited to: Individual Education Plan (IEP), Evaluation, Reevaluation, Disciplinary meetings, Manifestation Determination, Pre-expulsion/Expulsion hearings, Section 504 meetings, Placement meetings, or any other educational meetings not specifically listed.

I also authorize Speak Up for Education Consulting, LLC (Jeanette Nowak) to attend meetings or engage in communications on my behalf without my direct attendance, and to act on my behalf when necessary. Additionally, I authorize Speak Up for Education Consulting, LLC (Jeanette Nowak) to communicate with educational staff, request, receive, and review copies of all educational records related to my child, including but not limited to: progress reports, transcripts, attendance records, discipline referrals, suspensions, expulsions, special education evaluations/reports, psychological assessments, IEPs, report cards, and contact logs.

I understand that Speak Up for Education Consulting, LLC (Jeanette Nowak) is not a legal services provider and does not offer legal advice or legal representation. I acknowledge that the services provided are not intended as legal advice and should not be substituted for legal counsel.

I understand that upon request, Speak Up for Education Consulting, LLC (Jeanette Nowak) will comply with the Grievance Procedure, HIPAA policy, Client Rights and Responsibilities, and Privacy Practices.

Parent/Guardian Signature: _____ Date: _____