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



Consent for Consulting Services

l,	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 meetir	ngs not specifically li	sted.				
I also authorize Speak Up For	Education Consulti	ng, LLC (Jean	ette Now	ak) to att	end meetings or	
engage in communications o	n my behalf without	my direct atte	endance,	and to a	ct on my behalf	
when necessary. Additionally, I authorize Speak Up For Education Consulting, LLC (Jeanette						
Nowak) to communicate with	n educational staff, r	equest, recei	ve, and re	eview cop	oies of all	
educational records related t	o my child, including	g but not limit	ed to: pro	ogress re	oorts,	
transcripts, attendance reco	ds, discipline referra	als, suspensio	ons, expu	ılsions, s	pecial education	
evaluations/reports, psychological	ogical assessments,	IEPs, report o	cards, an	d contac	t logs.	
I understand that Speak Up F	or Education Consu	lting, LLC (Jea	inette No	wak) is n	ot a legal	
services provider and does no	ot offer legal advice	or legal repres	sentation	. I ackno	wledge that the	
services provided are not inte	ended as legal advic	e and should	not be su	bstituted	l for legal	
counsel.						
I understand that upon reque	st, Speak Up For Ed	ucation Cons	ulting, LL	.C (Jeane	tte Nowak) will	
comply with the Grievance Pr	ocedure, HIPAA poli	icy, Client Rig	hts and F	Responsil	oilities, and	
Privacy Practices.						
Parent/Guardian Signature: _				Date: _		