



S.P.E.A.K.S. Education.

Students. Parents. Educators. Alliance. to Know. Special. Education.

SPEAKS Education Release

This advocacy program is **free**, and on a volunteer basis. This program reserves the right to withdrawal from any advocacy role it is participating in if the advocate feels services are not needed, the services are not warranted, and if the advocate feels it has become adversarial or non-productive. This advocate will give advice, options, and guidance in the Special Education area. This advocate WILL NOT make decisions on the parent's, educators, or student's behalf. This advocate is not held responsible for the outcome of any decision that is made on the student's behalf that is made by the parent or school district. It is in the intent that this advocate works in a positive, communicating role for the best interest of the student. ****It is the parent's responsibility to invite the advocate to any school meetings; NOT the school. It is also the parent's responsibility to find a mutual agreed upon time between the school and the advocate to meet.**

Release of Information

I DO HEREBY RELEASE SPEAKS Education from responsibility for any decision I/we make concerning the educational assessment, disability identification, Individual Educational Plan, and Procedural Safeguards involved in the educational planning of the student.

Name of Student _____ Date of Birth _____

Name of School _____ Name of ISD _____

It is my intention that this party will have the authority to represent me in my absence, however- this authority will not extend approval of educational placement. It is also my intention that this party will be authorized to have access to **all educational and medical information, through verbal, written, and audio communication, as well as videotape of my child with the school district as well as the ISD, with the understanding that this information will be regarded in the strictest confidentiality.**

Name of Parents _____

Address of Parents (Include City) _____

Phone _____ email: _____

Date Signed _____ Date of Expiration _____

Signature _____

_____ Written _____ Audio _____ Video _____ Verbal

****This form shall be signed by the parent and presented by the parent or advocate when asked by any staff or team member at ALL meetings, regardless if representing the absent parent or accompanying the student. KEEP THIS ORIGINAL IN YOUR CHILD'S FILE. Give a signed copy to the school, one to the advocate, and one to your ISD.**