

Creating New Beginnings Counseling & Consulting Services, LLC

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Sometimes advocating for your child's educational rights can be an overwhelming task. I am here to help you navigate the special education maze. Below is a description of the support that you will receive, if you decide to hire me. I charge \$75 an hour. I require a non-refundable \$250.00 retainer and a contract to be signed before starting a case.

Understand Your Child's Records:

I can assist you with understanding what is in your child's records and be a resource for what information may be missing or you need assistance with.

Understand Your Child's Educational Plan:

Children with disabilities often require an Individualized Education Plan (IEP). The parent should play a major role in the development of the IEP including the child's documented strengths, weaknesses, goals, objections, related services and placement decisions.

Offer You Advice and Things to Consider:

My advice is based on my experiences as a employee of the school system, my experiences with my own child and the training and research I have done in the areas of Special Education Law and Advocacy.

Improve Your Child's Plan:

We can discuss what your child needs and I will work with you to have the school district implement a plan to provide your child access to a free and appropriate education that is provided in the least restrictive environment with appropriate accommodations and modifications. I am here to assist you with planning and staying focused on the key factors.

Attend Meetings / Review Communications:

To create an effective and appropriate IEP, the team needs to look closely at a child's needs and share their knowledge, experience and ideas to develop a program for the child.

Assist With Conflicts:

My desire is to deescalate conflicts and use strategies and skills to help everyone to work collaboratively. In my experience, there are fewer conflicts when an advocate is involved in the process. There is often more two-way participation in the meetings when an advocate is involved. I can help you to participate in creating your child's educational plan and to be seen as a vital part of the team. My goal is to create a safe environment for everyone to work together.

Support, Educate, Equip and Empower You:

My goal is to assist parents on their path of advocating for their child's educational rights. I desire to help you become more involved and confident in your child's education. I want to help you become more confident and successful in advocating for the needs of your child.

Contract for Advocacy Services

I, the Parent of _____ contract with educational advocate, Dr. Candice Norris-Brown, to provide advocacy services for my child, _____ . I, _____ acknowledge, Dr. Candice Norris-Brown, is not an attorney and will not provide legal consultation/advice to me while she is advocating for my child and she cannot predict the outcome of the Student Support/504/IEP Meetings that are held for _____. Special Education eligibility and/or any services that may be offered to _____ is based upon the decision of the SST/504/IEP committee. I, the Parent of _____ acknowledge that Dr. Candice Norris-Brown charges \$75.00 per hour for the advocacy services that she provides for my child. I, further acknowledge that this charge includes services in the following areas, but are not limited to: review of records, records reviews conducted at schools, telephone or email consultation with Parent(s), telephone consultation with schools or schools counsel, drafting of letters, faxing of documents, travel time, IEP development, consultation with outside independent evaluators and participation at meetings. I, further acknowledge that Dr. Candice Norris-Brown will provide a detailed record of charges on a monthly basis. Payment is due and payable within 14 days of receipt of the bill. A non-refundable \$250.00 retainer is expected to secure services.

Parent Signature: _____ Date: _____

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New Client Intake Sheet

Date:

Parents' name: _____

Cell Phone: _____

Email: _____

Child's Name _____

Age/Grade _____

School System _____

Is your child involved in the following? Please check all that apply.

- Response to intervention (RTI)
- Student Support Team (SST)
- 504
- Eligibility Process/Individual Education Plan (IEP)

Do you think your child has a disability?

- Yes _____
- No _____

Has your child been diagnosed with a disability?

- Yes Diagnosed by: _____
- No _____

Additional Information

