



Lilliam Rangel-Díaz, CLA/CP
Director, Student/Parent Advocate
Adolfo Díaz
Student/Parent Advocate

Thank you for contacting our office. Enclosed please find our intake documents. Please return the completed documents with the non-refundable deposit payable to CENTER FOR EDUCATION ADVOCACY, INC. to:

Lilliam Rangel-Díaz
CENTER FOR EDUCATION ADVOCACY, INC.
5973 S.W. 42nd Terrace
Miami, Florida 33155

Upon receipt of the intake documents and deposit amount, we will contact you. In the meantime, please request a copy of your child's cumulative file from school. The request should be made in writing (see attached sample letter). In addition, we will also need copies of evaluation reports, Individual Education Plans (IEPs), letters that you may have written to the school and that the school may have written to you, copies of any consent that you may have signed, etc. to be able to help you and your child.

Thank you for contacting our office and for allowing us the opportunity to serve your family. We wish you the best for your child.

Sincerely,

Lilliam Rangel-Díaz
Director

Enclosures



Lilliam Rangel-Díaz, CLA/CP
Director, Student/Parent Advocate
Adolfo Díaz
Student/Parent Advocate

*Working for the full inclusion of all children, youth
and adults with disabilities in our society*

*The Center for Education Advocacy, Inc. is a private
business that receives no funding. There are agencies
that can provide you with information and help you free
of charge. Some of these agencies are:*

- The Advocacy Center for Persons with Disabilities - 1-800-342-0823
- Parent to Parent of Miami – 305-271-9797
- Family Network on Disabilities – 1-800-825-5736
- Legal Services of Greater Miami – 305-576-0080

*Our mission is for our clients to have access to culturally
competent individualized educational and rehabilitation services
and be fully included in our schools and communities, with the
appropriate supports and services to be successful.*



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Our services include:

- All aspects of special education advocacy, including assistance with the filing of requests for Exceptional Student Education (ESE) due process hearing and mediation
- Trainings, seminars, and workshops
- Assisting parents in obtaining McKay Scholarships
- Assisting private schools in the coordination of services under the McKay Scholarships Program
- Transition services coordination for youth with disabilities
- Vocational Rehabilitation (VR) system advocacy
- Disability services advocacy for adults following the principles of self-determination

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AGREEMENT

I, _____, agree to have Lilliam Rangel-Díaz, Director, Center for Education Advocacy, Inc., act as the educational advocate for my son/daughter _____, date of birth _____, who is presently a student receiving special education services at _____ (name of the present school) and to advocate for his/her behalf with the _____ County Public School District.

I understand that Mrs. Rangel-Díaz will act to protect the best interest of our son/daughter and reserves the right to withdraw as the educational advocate if at any time she feels that our requests are not in the best interest of our child. I also understand that she will not make any decisions or initiate any actions without our prior consent. I further understand that she can offer no guarantees regarding the results of her educational advocacy efforts on behalf of our child with _____ County Public Schools.

I am aware that Mrs. Rangel-Díaz is not an attorney and will not be providing me with any legal advice. I agree to pay Mrs. Rangel-Díaz at the rate of \$60.00/hour for her educational advocacy services (telephone calls, letter writing, review of educational records, personal meetings, observations at school, attendance to IEP meetings, and attendance at mediations) on behalf of my child. I also agree to pay \$20.00/hour for any required travel time.

I understand that it is my responsibility to keep Mrs. Rangel-Díaz informed of any communications, agreements or arrangements with any school staff or any other professionals as it pertains to the education of my child. It is my responsibility to provide Mrs. Rangel-Díaz with copies of any and all IEP meeting notices, evaluation reports (public or private), letters, etc. that may pertain to the education of my child. I further understand that it is my responsibility to confirm all dates regarding meetings that I wish Mrs. Rangel-Díaz to accompany me on behalf of my child **prior** to my agreeing to attend any meeting on a specific date. Mrs. Rangel-Díaz is available to attend IEP meetings and/or mediation conferences with prior notice beginning at 9:30 A.M. and ending no later than 2:30 P.M. exclusively. Failure to confirm Mrs. Rangel-Díaz's availability may result in her inability to attend the meeting.

PLEASE INITIAL: _____

I understand that this agreement is limited to Mrs. Rangel-Díaz's advocacy on behalf of our child as it relates to his/her special education services. I further understand that this agreement does not signify Mrs. Rangel-Díaz's ongoing educational advocacy on behalf of our child beyond the activities specified in this agreement and other stages of advocacy, if necessary, will require further agreements and signed consent.

Mrs. Rangel-Díaz has provided me with written information regarding the services that the Center for Education Advocacy, Inc. provides as well as written information regarding agencies that can provide free services.

This agreement will be effective upon receipt of 1) initial non-refundable deposit in the amount of **\$200.00 (two hundred dollars)**, 2) completed signed documents, and 3) and intake documents receipt issued from the CENTER FOR EDUCATION ADVOCACY, INC. Full payment of invoices is due upon receipt of invoice unless other prior payment arrangements have been made. A late payment charge of \$30.00 will apply if balance due is not paid within 30 (thirty) days of invoice. No additional services will be rendered until all invoices are paid in full or other payment arrangements have been made. Failure to maintain payment arrangement will result in the immediate termination of this agreement and referral to a collection agency.

Date: _____

Lilliam Rangel-Díaz, CLA/CP
Director

Parent's signature

Parent's signature



Lilliam Rangel-Díaz, CLA/CP
Director, Student/Parent Advocate
Adolfo Díaz
Student/Parent Advocate

CONSENT AUTHORIZING DISCLOSURE OF CONFIDENTIAL RECORDS AND CONSENT TO OBSERVE STUDENT AT SCHOOL

I/We, _____, hereby authorize, Lilliam Rangel-Díaz, Adolfo Díaz, and the Center for Education Advocacy, Inc., to obtain and receive copies of the educational records of my/our son/daughter _____, date of birth _____, and to advocate on his/her behalf as it relates to his/her education at _____ County Pubic Schools. I/we also consent and authorize Lilliam Rangel-Díaz and Adolfo Díaz to conduct any necessary observations of my/our son/daughter _____ in his/her classroom during school hours.

Date: _____

Signature of mother/father/legal guardian: _____

Signature of student (if over the age of 18): _____

CONFIDENTIAL INFORMATION/INFORMACION CONFIDENCIAL		
Personal Information/Información Personal		
Student's Name/Nombre del Estudiante:		
Date of Birth/Fecha de Nacimiento:		
Child lives with/El niño(a) vive con:		
Mother's Name/Nombre de la mamá:		
Mother's Social Security Number/Número del seguro social de la mamá:		
Father's Name/Nombre del papá:		
Father's Social Security Number/Número del seguro social del papá:		
Home Address/Domicilio:		
City/Ciudad:	State/Estado:	Zip/Código Postal:
Telephone/Teléfono: (H/casa)	(W/trabajo)	
Cellular:	E-mail/dirección electrónica:	
Fax/número de facsimile:		
Employment Information/Información de Empleo		
Mother's Occupation/Ocupación de la mamá:		
Mother's Employer/Empleda por:		
Address of Employer/Dirección del empleo:		
City/Ciudad:	State/Estado:	Zip/Código Postal:

CONFIDENTIAL INFORMATION/INFORMACION CONFIDENCIAL (Continued)		
Father's Occupation/Ocupación del papá:		
Father's Employer/Dirección del empleo:		
Address of Employer/Empleado por:		
City/Ciudad:	State/Estado:	Zip/Código Postal:
Student's School/Escuela del Estudiante		
Present School/Escuela:		Grade/Grado:
School Address/Dirección de la escuela:		
City/Ciudad:	State/Estado:	Zip/Código Postal:
Telephone/Teléfono:		Fax/facsimile:
Principal's Name/Nombre del director:		
Does student attend his or her neighborhood school?/Asiste a la escuela de su vecindario?		
Neighborhood School/Escuela del vecindario		
School/Escuela:		
School Address/Dirección de la escuela:		
City/Ciudad:	State/Estado:	Zip/Código Postal:
Telephone/teléfono:		Fax/facismile:
Principal's Name/Nombre del director:		Region:
Student Additional Information/Información adicional del estudiante		
Student's Disability/Discapacidad ó condición del estudiante:		

CONFIDENTIAL INFORMATION/INFORMACION CONFIDENCIAL (Continued)

Present Program/Programa de educación especial:

Type of educational placement/clase de ubicación educacional:

In your own words, please explain the present problem as you see it/En sus propias palabras, favor explicar el problema como usted lo ve en este momento:

What would you like to see happen?/Qué le gustaría cambiar?

Who referred you to our office?/Quién lo refirió a nuestra oficina?



Lilliam Rangel-Díaz, CLA
Director, Student/Parent Advocate
Adolfo Díaz
Student/Parent Advocate

CONSENT TO FILE REQUEST FOR ESE DUE PROCESS HEARING AND MEDIATION

I/We authorize Lilliam Rangel-Díaz at the Center for Education Advocacy, Inc. to obtain and receive copies of the educational records of my/our son/daughter _____, date of birth _____, and to advocate on his/her behalf as it relates to his/her education at _____ County Pubic Schools. I/We also consent and authorize Lilliam Rangel-Díaz to conduct any necessary observations of my/our son/daughter _____ in his/her classroom during school hours. I/We further authorize Lilliam Rangel-Díaz to file a request for an Exceptional Student Education (“ESE”) due process hearing and mediation on my/our behalf and on behalf of my/our son/daughter _____. We understand that a request for an ESE due process hearing means that ultimately an ESE due process hearing may be necessary to resolve the dispute. We also understand that if an ESE due process hearing is ultimately necessary, that it would be our responsibility to find an attorney to represent us at the ESE due process hearing. We understand that Mrs. Rangel-Díaz will not participate in any ESE due process hearing without the advice of an attorney. Mrs. Rangel-Díaz may participate in an ESE due process hearing, at her discretion, as a qualified representative under Rule 28-106.106 following standards of conduct set out in Rule 28-106.107, F.A.C., as determined by an administrative law judge (“ALJ”) with the Department of Administrative Hearings (“DOAH”) pursuant to Rule 6A-6.03311(11)(a), Florida Administrative Code (04-01). We further understand that Mrs. Rangel-Díaz will not serve as our witness at any ESE due process hearing but that her participation, if necessary, will be in the permitted capacity pursuant to Section 1003.57(5), Florida Statutes (2004), Rule 6A-6.03311(11)(a), Florida Administrative Code (04-01), and 42 USC §1415(f), as outlined above.

Date: _____ Signature of mother/father/legal guardian: _____