



BE SOCIALLY EMPOWERED

Client Intake & Service Agreement Packet



CLIENT SERVICE AGREEMENT & LIABILITY WAIVER

Client Name: _____

Child's Name: _____

Date of Birth: _____

Date: _____

1. Scope of Services

Be Socially Empowered provides consultation services related to special education, including:

- Review of educational records (IEPs, assessments, behavior plans)
- Participation in IEP meetings (virtual or in-person)
- Parent consultation and strategy development
- Written and verbal feedback based on professional expertise

These services are consultative in nature and are designed to support families in understanding and navigating the educational process.



2. Not Legal Representation

The Consultant is a Board Certified Behavior Analyst (BCBA) and is not an attorney.

Services provided do not constitute legal advice or legal representation. Families are encouraged to seek legal counsel for legal matters related to special education disputes, due process, or litigation.

3. No Guarantee of Outcomes

While recommendations are based on professional experience and evidence-based practices, no specific outcomes or results are guaranteed.

School districts maintain final authority regarding eligibility, services, and placement decisions.

4. Parent Responsibility

The parent/guardian understands that:

- They are the primary decision-maker for their child
- They are responsible for implementing recommendations
- They are responsible for communication with the school district

The Consultant provides guidance, but does not make decisions on behalf of the family.



5. Confidentiality

All client information will be kept confidential in accordance with professional and ethical standards.

Information will only be shared with third parties (e.g., school teams) with written consent from the parent/guardian.

6. Release of Liability

The parent/guardian agrees to release and hold harmless Be Socially Empowered and its Consultant from any and all claims, liabilities, damages, or outcomes arising from:

- Educational decisions made by the school district
 - Implementation or non-implementation of recommendations
 - Participation in IEP meetings or consultations
-

7. Payment & Cancellation Policy

- All services are private pay
 - Payment is due prior to services unless otherwise agreed
 - 24-hour notice is required for cancellations
 - Late cancellations may be subject to a fee
-



8. Consent for Participation in IEP Meetings

I, the undersigned, grant permission for Be Socially Empowered to attend and participate in my child's IEP meetings as a consultant.

Parent/Guardian Signature: _____

Date: _____

9. Authorization to Review Records

I authorize Be Socially Empowered to review my child's educational records for the purpose of providing consultation services.

Parent/Guardian Signature: _____

Date: _____

10. Acknowledgment & Agreement

I have read, understand, and agree to the terms outlined in this agreement. I acknowledge that I have had the opportunity to ask questions.

Parent/Guardian Name: _____

Signature: _____

Date: _____



CLIENT INTAKE FORM

Parent/Guardian Information

Name: _____

Phone: _____

Email: _____

Child Information

Name: _____

Age: _____

School: _____

Grade: _____

Current Services

(Please check all that apply)

IEP

504 Plan

General Education

Receiving ABA Services

Speech Therapy



Occupational Therapy

Other: _____

Primary Concerns

(Briefly describe your main concerns and what you are hoping to gain from consultation)

Upcoming IEP Meeting (if applicable)

Date: _____

Time: _____

Location/Virtual Link: _____

Additional Notes

Thank you for trusting Be Socially Empowered to support your family.