

Advocacy Review Application

(no names/kept anonymous till contacted)

Contact phone #, address, & email

Childs age _____ Male _____

Female _____

Diagnosis _____

Does your child currently have an IEP? _____ 504 _____ Other _____

If not briefly explain why _____

Current school district

Is your child currently attending school or being home schooled? _____

Is your child currently on medication, being treated alternatively/holistically), or on any special diets? _____

If "yes" to previous question, have there been any changes recently to their regimen? _____

When was the latest testing/triennial conducted through your district? Any private testing done within the last 3 years? _____

What services/accommodations do you currently get from your school district?

What services, supports or accommodations are you looking to add?

Is child able articulate their own needs/wants/goals verbally or with assistive technology?

Has your child been suspended from school? If so, how often.(If yes, please elaborate)_____

Is your district threatening manifestation determination meeting or homeschooling? _____

Has the school threatened or hasn't allowed your child to participate in school functions, class trips or after school activities that classmates or non disabled peers have participated in?

Please tell us about your family history/dynamics (any siblings? family health issues?unusual circumstances at home? etc.) as it may impact his academic performance and or behaviors.

Have there been prior attempts to apply for/receive assistance? If yes, please explain_____

Are there any timelines, meetings or hearings we should be aware of? _____

Is there anything about your financial situation that we should be aware of?(25 words or less)

