



Parent Information Form

Date: _____

Mother's Name: _____

Address: _____

Town/city: _____ Zip Code: _____

Father's Name: _____

Address: _____

(if different than above)

Town/city: _____ Zip Code: _____

Social Security Number:

Email address:

Mr.: _____ - _____ - _____

Ms.: _____ - _____ - _____

Home Phone #: _____ Home fax #: _____

Work Phone # (Mr.): _____ Work Phone # (Ms.): _____

Cell # (Mr.): _____ Cell # (Ms.): _____

Person responsible for billing, if different than parents

Name: _____

Address: _____

Home Phone #: _____ Social Security #: _____ - _____ - _____

Employer: _____ Employer Phone #: _____

I have seen Monahan & Cohen before ___ yes ___ no

If yes which attorney? _____ When? _____

Have you seen an attorney at another law firm concerning your child ___ yes ___ no

If so, who? _____ When? _____

Who referred you to us? : _____

Address and phone, if available: _____



Student Profile

This form is designed to help us gather information about your child, identify the issues in dispute and understand how you would like the problem solved. Not all questions will apply to every child, so please answer the questions that are relevant to your child and situation. If you have any questions, or need assistance filling out the form, please call Tami Kuipers or Annmarie Robinson at 312-419-0252

Name: _____ Date of Birth: ____/____/____ Grade: _____ Age: _____

Medical Diagnosis

Doctor

Date

School Placement and Services

Is your child receiving special education services ____ yes ____no

School Label: (primary) _____

(secondary) _____

(There can be more than one secondary lable)

Does your child have an IEP or a 504 Plan? (circle one)

If not, has he/she ever been referred and/or evaluated for special education by the district? _____

If so, when and what was the outcome? _____

Have you ever asked for testing and been refused? ____ yes ____no

What is your child's current school placement? _____

What services does your child receive at school? Please list all therapies and any specialized programs.

Have you asked for mediation services? ___ yes ___ no

Who is the mediator? _____

Is the mediation scheduled? _____ Date: _____

If you've already attended mediations, what was the outcome? _____

Have you filed for a due process hearing? ___ yes ___ no

When did you file? _____

Has a hearing officer been assigned? ___ yes ___ no

Who? _____

Date the Hearing Officer was appointed _____

Behavioral Issues

Does your child have behavior problems? ___ yes ___ no

If yes, what prior behavior problems has your child had?

Has the district ever conducted a Functional Behavior Plan (FBA)? ___ yes ___ no

Has the district developed a behavior intervention plan (BIP) for your child? ___ yes ___ no

How many times this school year has your child been suspended?

<u>Date</u>	<u>Reason</u>	<u>Length</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the district ever threatened to expel your child? ___ yes ___ no

If so, when and for what?

Is an outside specialist working with your family on your child's behavior? ___ yes ___ no

If so, who and how often do you see this person? _____

Has your child ever been arrested? ___ yes ___ no

If so, when and what was the reason?

Eligibility/Label Disputes

Do you agree with the label (s) your school has given your child? ___ yes ___ no

Does your child currently receive special education services? ___ yes ___ no ___ unsure

Do you believe your child needs special education services? ___ yes ___ no ___ unsure

Do you agree with your child's educational label? ___ yes ___ no ___ unsure

If not, why not?

What do you think your child's label should be:

Why?

Do any doctors or private therapists or evaluators support your position? ___ yes ___ no

Doctor

Label

Date

<u>Doctor</u>	<u>Label</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Private or More Restrictive Placement

Are you requesting a residential or private placement? _____

Have you informend your school district? ___ yes ___ no

If so, what was their response? _____

Have other least restrictive placements been tried? ___ yes ___ no

If so, describe what has been tried and why it didn't work:

Why do you feel your child needs this type of placement?

Have you also applied for an Individual Care Grant from the Department of Human Services?
___ yes ___ no

If so, what was the outcome?

Have any schools or outside professionals recommended private or residential placement?
___ yes ___ no

If so, who, when, and why?

Inclusive of Less Restrictive Placement

Is your child currently in a regular-education placement? ___ yes ___ no

If so, is the school arguing for a more restrictive setting? _____

Why do you oppose this request?

What information do you have that supports the value of the regular-education setting for child?

What supports, aids and modifications have been considered or provided by the district, if any?

If your child is currently in a more restrictive setting _____

Why is the district opposed to a less restrictive setting? _____

Why do you feel it is appropriate?

What supplementary aids, services and modifications do you feel your child would need to be successful in a regular-education classroom?

What supplementary aids, services and modifications did the district consider in deciding to recommend a more restrictive setting?

Have you had any outside consultants/experts observe your child at school? ___ yes ___ no

When? _____

What did they observe? _____

Medical/Clinical Information

Does your child see any private therapists, counselors, including occupational or physical therapists, speech therapists, psychologists or social workers? If so, please tell me who your child sees and for what reason.

Have you had any private testing done on your child within the last five years?
If so, when and by whom and what was diagnosis?

Is your child on medication? ___ yes ___ no

If yes, what kind of medication?

What is the medication for?

Does your child take medication at school? ___ yes ___ no

Who monitors your child's medication? _____

Has your child suffered with numerous ear infections? _____

Hospitalizations (if relevant):

Has your child ever been hospitalized for reasons related to his/her disability (ies)? List dates, locations, reasons and treating physician below.

Date: _____ Location: _____ Physician: _____

Reason: _____

Date: _____ Location: _____ Physicain: _____

Reason: _____

School District Information

School you child attends: _____

Address: _____ Town/city: _____ District #: _____

Superintendent: _____ Special-education director: _____

Address of district office: _____

Phone #: _____ Fax #: _____

District Attorney (if know): _____



Mediation and Due Process

Parents have the right to disagree with the school team, and request mediation or a due process hearing to resolve problems when they arise. Mediation is a proceeding in which an Illinois State Board of Education (ISBE) appointed mediator meets with the school and parents in an effort to facilitate a mutually acceptable solution to the problem. Mediation is totally voluntary and requires the willingness of both parties to work together to solve problems. If an agreement is reached, a mediation agreement is written.

Unlike mediation, at a due process hearing both the parents and the school are able to present testimony and cross-examine witnesses. Within 10 business days after the conclusion of the hearing, the hearing officer must send to both parties by certified mail a written decision. Both parties have the right to appeal the decision to state or federal court.

A due process hearing may be requested, for example, when the district refuses to serve the student in the least restrictive environment, when the parents object to a proposed special education placement, or when the parents feel the district is not providing appropriate supports for their child. Parents who request a due process hearing within 10 days of an IEP meeting, will “freeze” the student’s placement. Freezing the student’s placement is referred to as the “stay put” provision of the law. This means that the student will remain in his or her placement, or the services the child was receiving will remain the same, until the hearing is over, unless the school and parents reach another agreement. You may file for due process and request mediation at the same time.

Request for Due Process Sample Letter

Date:

Superintendent’s Name
School District
Address
Town, Zipcode

Re: Your child’s name and birth date
School Identification number (if your child has one)

Dear (superintendent)

On behalf of my son/daughter _____, I am requesting a due process hearing.
(name)

List the reasons for your request.

List how you want the problem solved.

List information or evidence that supports your complaints.

Whether you are willing to mediate the dispute.

Sincerely,

(Sign your name. Send your request by certified mail, return receipt requested. Remember to keep a copy of the request for your records.)



Requesting your Childs School records

Just like your doctor needs to see current x-rays and reports to give an accurate diagnosis, an attorney needs documents and educational data to get a clear picture of your problem. To facilitate your intake it will be necessary that we have certain documents before we can begin to evaluate your case. To facilitate a productive intake interview, it is critical we receive certain information about your child at least 2 days in advance of the intake. Below is an example of a letter you can use to request records from your district if you do not have the records we need already. On the reverse side of this form, is a list of the records we will be requesting. Please start gathering this information now, before your intake is scheduled. If we do not receive your records ahead of time, we may need to call and reschedule your intake.

Request for Records Sample Letter

Date:

Superintendent's Name
School District
Address
Town, Zipcode

Re: Your child's name and birth date
School Identification number (if your child has one)

Dear (superintendent)

I am requesting a copy of all of my child's records. The records should include, but not be limited to, all permanent and temporary records, any and all IEP/MDC reports, Section 504 reports, case study evaluation materials, internal memoranda, grades, achievement test scores, behavioral reports, anecdotal records, and teacher records, as well as the records of each and every related service provider who has been involved with my child, and the records of any staff affiliated with a special education cooperative.

I look forward to receiving these records within the next fifteen days. If you have any questions, please do not hesitate to contact me.

Sincerely,

(Sign your name. If your child is 12 or older, he or she will also have to sign the request. Send your request by certified mail, return receipt requested. Remember to keep a copy of the request for your records.)

School districts have the right to charge for the cost of copying your records. Instead of requesting copies of your child's school records, you may request a record review instead. At a record review you will meet with a staff member to review your child's file. You may ask for copies of any documents you do not have. If you have additional questions, please call us at 312-419-0252.

This is a list of records we will be requesting. We do not want to see all the records you have, but will be focusing primarily on the last two years. As you read the list below, please remember that not all documents listed will apply to all situations.

- MDC report (An MDC is held at least every three years. This is the meeting where reports are discussed and a decision is made to who is eligible for special education.)
- Evaluation reports by school psychologist, social worker, speech, occupational therapist, physical therapist, etc.
- IEP forms or 504 Plans
- School Reports (most recent psychological evaluation, therapy reports including OT, PT, Speech and language, social history report etc.)
- Behavior Plans
- Discipline Records (documentation of in and out of school suspensions, referrals, etc.)
- Progress reports (including report cards, mid-term reports teacher notes etc.)
- Testing (IGAP Testing, IOWA Testing, Stanford Testing, California testing, or other achievement tests given by your district)
- Medical records (Diagnosis, medical records that describe your child's disability and needs)
- Private evaluations
- Any letters or documents that apply to the current situation

If you have filed for due process we will need the following....

- Your letter requesting a due process
- Mediation agreement if you have one
- Any and all correspondence with the Illinois State Board of Education, the hearing officer assigned to your case, your local school district, etc.