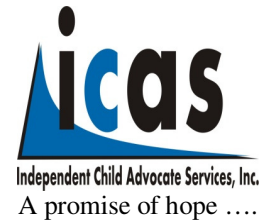




Families Serving Families

*In partnership
to better serve you*



KEEPING

RECORDS

FAMILY

FRIENDLY

FORMS

Referral Form

Who made the referral? _____

When was the referral made? _____ Age of child: _____

Why was the referral made? _____

Meeting (conference) about the referral: _____

Who met with you?

Name _____ Title _____

Name _____ Title _____

Date meeting was held: _____ Place _____

Results of meeting: _____

Was there another meeting (conference) about the referral? Yes _____ No _____

Who met with you?

Name _____ Title _____

Name _____ Title _____

Date meeting was held: _____ Place _____

Results of meeting: _____

Ask for a copy of the school's record of the meeting(s) or conferences(s) about the referral.
Keep it in your file.

Evaluation Form

Date of evaluation: _____ Age of Child: _____

What kinds of evaluation (testing were done?) _____

Who did the evaluation? _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Where was the evaluation done? _____

Did you read the report(s) Yes _____ No _____

If yes, when? _____ Where? _____

Did someone explain the reports to you? Yes _____ No _____

If yes, who? _____ When? _____

Do you have a copy of each of the reports? Yes _____ No _____

Name of report _____ Date: _____

Evaluator: _____

Name of report _____ Date: _____

Evaluator: _____

Name of report _____ Date: _____

Evaluator: _____

Keep copies of all evaluation reports in your file.

Before Eligibility Meeting

What problems does your child have at school? _____

What does your child like best? _____

What does your child not like? _____

What does your child do well? _____

What kinds of help do you think your child needs? _____

What questions do you have for the people at the school? _____

Eligibility Meeting

Date of meeting: _____ Time From _____ To _____

Place _____

People at the meeting:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Who is the person with whom I will work on the next steps?

Name: _____ Title: _____

Telephone number: _____

What will happen next? _____

_____ When? _____

Before the IEP meeting observation guide

Name of child: _____ Age: _____

What things does your child do best?

At home? _____

At School? _____

What problems does your child seem to have?

At home? _____

At School? _____

How does your child feel about:

School? _____

Himself/Herself? _____

Other children (brothers, sisters, relatives, friends)? _____

Adults (parents, relatives, teachers)? _____

What does your child like to do in free time? _____

What does your child dislike? _____

How well does your child care for him/herself (dressing, eating, staying clean, etc.)? _____

What kinds of things does your child do to help at home? _____

How well does your child listen and talk to you and follow directions? _____

Does your child have friends? _____ How old? _____ What do they do together? _____

What does your child most need to learn in school? _____

IEP Meeting

Did you get a notice about the meeting? Yes _____ No _____

If yes, date of notice: _____ Number of days before the meeting _____

Did you get any other kind of notice? Phone call _____ Visit _____ Reminder notice _____ Other _____

Did you ask to change the date, time or place? Yes _____ No _____

If yes, were you able to make the change? Yes _____ No _____

Did you go to the meeting? Yes _____ No _____ Date of Meeting _____

If no, why not? _____

If no, did the school ask you to help with the IEP in some other way? _____

Who was present at the meeting?

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Did your child attend the meeting? Yes _____ No _____

Why or why not? _____

Was there a need for more than one meeting? Yes _____ No _____

If yes, give date(s) _____

Were you and the school able to agree on the IEP? Yes _____ No _____

If no, what did you do? _____

Did you get a copy of the IEP? Yes _____ No _____

Keep a copy of the IEP in your file

Placement

Name of school: _____

Address: _____

Telephone: _____

Name of classroom or program: _____

Date child started: _____ Age of Child _____

Teacher(s) _____ Principal _____

Name _____

Name _____

Name _____

Name _____

Your visits to the school or classroom:

Date _____ Purpose _____

1. What did you learn? _____

Date _____ Purpose _____

2. What did you learn? _____

Date _____ Purpose _____

3. What did you learn? _____

IEP Annual Review

Date of review meeting(s): _____

Did you get a notice about the meeting? Yes _____ No _____

If yes, date of notice: _____

Did you ask to change the date, time, or place? Yes _____ No _____

If yes, were you able to make a change? Yes _____ No _____

Did you go to the meeting? Yes _____ No _____

If no, why not? _____

Who was present at the meeting?

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

What changes were made in the IEP? _____

Did you agree with these changes? Yes _____ No _____

If not, what did you do? _____

Did you get a copy of the IEP? Yes _____ No _____

Keep a copy of the IEP in your file

Three Year Re-Evaluation

Date of Re-Evaluation _____ Age of Child _____

Reason for re-evaluation _____

What kinds of evaluation (testing) were done? _____

Who did the re-evaluation?

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Where was the re-evaluation done? _____

Did you read the report(s)? Yes _____ No _____

If yes, when? _____

Did someone explain the reports to you? Yes _____ No _____

Do you have a copy of the reports? Yes _____ No _____

Keep copies of re-evaluation reports in your file

Telephone Calls

Who? _____ Date _____

Title _____ Telephone _____

Notes _____

Need to follow up? Yes _____ No _____

If yes, with whom? _____ When? _____

Who? _____ Date _____

Title _____ Telephone _____

Notes _____

Need to follow up? Yes _____ No _____

If yes, with whom? _____ When? _____

Who? _____ Date _____

Title _____ Telephone _____

Notes _____

Need to follow up? Yes _____ No _____

If yes, with whom? _____ When? _____