

The Law Office of Patricia S. Phelan

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INTAKE PACKET

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.: _____ - _____ - _____

Father: _____

Ms.: _____ - _____ - _____

Mother: _____

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 The Law Office of Patricia S. Phelan before ___ yes ___ no

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.

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

Medical Diagnosis

Doctor

Date

<u>Medical Diagnosis</u>	<u>Doctor</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

School Placement and Services

Is your child receiving special education services ____ yes ____no

School Label: (primary) _____

(secondary) _____

(There can be more than one secondary label)

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, related services and any specialized programs.

1. CURRENT PROBLEMS

Does your child currently have an Extended School Year placement? ___yes ___no

If yes, please explain _____

Did the school ever provide Extended School Year (ESY) services to your child? ___yes ___no

If so, do you believe that those services were adequate? Explain. _____

Have you ever asked for ESY services and been refused? ___yes ___no

If so, what did you ask for and what did the Committee ultimately recommend? _____

Have you seen regression in your child during the summer, whether or not ESY was offered?

___yes ___no Explain _____

1. CURRENT PROBLEMS

Please provide a description of current dispute:

2. SOLVING THE DISPUTE

How would you like to see your problems with the school resolved?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

(Add additional pages if needed)

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 _____

Is the resolution session scheduled? _____ Date: _____

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

3. PROCEDURAL VIOLATIONS

Please provide the date(s) of your child's CPSE, CSE or 504 meeting(s) occurring in the past year:

List those who were present at these meetings: _____

At the CSE meetings, have the following people been in attendance? [note that some persons may legally assume more than one role]:

- Regular education teacher of the student
- Special education teacher (or provider) of the student
- School psychologist
- School District representative knowledgeable about general ed curriculum and available resources
- Individual to interpret evaluation results
- School physician if requested 72 hours prior to meeting [not required if SUBCOMMITTEE]
- Parent Member [not required if SUBCOMMITTEE]
- Other persons having knowledge or special expertise about the student
- If appropriate, the student

At the CPSE meetings, have the following people been in attendance? [note that some persons may legally assume more than one role]:

- Regular education teacher of the student
- Special education teacher (or provider) of the student
- School District representative knowledgeable about general ed curriculum and available

resources

- Parent Member
- Individual to interpret evaluation results
- Other persons having knowledge or special expertise about the student
- County service coordinator or representative from agency providing EI services, if transitioning from EI
- Representative from municipality of child's residence

When the school scheduled these meetings, describe to what extent you were consulted about the setting of the date and time of the meeting(s), as well as to what extent were you given notice of the meeting and who would attend? _____

Did the school:

<i>SERVICE</i>	<i>YES</i>	<i>NO</i>	<i>EXPLAIN</i>
Offer parent training in the area of your child's disability?			
Offer staff and teacher training in the area of your child's disability?			
Provide to you a copy of the notice of procedural safeguards at the time you were notified of the meeting?			
Share records about your child with outsiders without your written permission?			
Ignored a request by you for an IEP or 504 meeting?			
Provide you with a copy of the IEP or 504 plan following your meeting? (If so, how long did it take?)			
Ever refuse to provide you with copies of or at least access to copy your child's educational file?			
Ever change your child's placement without convening an IEP or 504 meeting?			
Ever fail to comply in your opinion with any aspect of your child's IEP or 504 plan?			
Ever deny you a request to tape your child's IEP or 504 meeting?			

4. BEHAVIORAL ISSUES

Does your child have behavior problems? ___ yes ___ no (If no, skip to section 4.)

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

If so, was the BIP implemented? ___yes ___no

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

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

Did the school provide, subsequent to the suspension, a written statement to the parent regarding the student's misconduct and action taken? ___yes ___no

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

Has the district ever expelled your child? ___yes ___no

If so, when and for what?

Did the school continue to provide education and services to your child during that period of suspension or expulsion? ___yes ___no

If your child was suspended or expelled, did the school conduct a manifestation determination hearing within 10 instructional days of deciding to change the student's placement for disciplinary reasons? ___yes ___no

Did the school inform the parent of the decision and inform the parent of his/her rights? ___yes ___no

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?

5. ELIGIBILITY/LABEL DISPUTES

Do you agree with the label (s) your school has given your child? ___yes ___no
(If no, skip to section 5.)

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

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. SERVICES

Do you believe your child is getting the right services from the school? ___yes ___no

(If yes, skip to section 6.)

If no, what services do you believe the school should be providing?

Why?

What private evaluators have recommended these services?

Doctor

Service

_____	_____
_____	_____
_____	_____
_____	_____

Are you currently providing any of these services yourself? ___yes ___no If so, please list:

Service

Provider

7. PRIVATE OR MORE RESTRICTIVE PLACEMENT

Are you requesting a residential or private dayschool placement? ___yes ___no
(If no, skip to section 7.)

Have you informed 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?

8. INCLUSIVE OR LESS RESTRICTIVE PLACEMENT

Are you seeking a less restrictive placement or opposing a school recommendation for more restrictive placement? ___yes ___no . (If no, skip to section 8.)

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? _____

9. FAPE

	<i>YES</i>	<i>NO</i>	<i>EXPLAIN</i>
Was your child's school day shorter than other kids' school day?			
Were the recommendations of your health care professionals or experts ignored when presented to the CPSE/CSE?			
Was your child not allowed to participate in extracurricular activities that were offered to their non-disabled peers?			
If you have provided transportation to school, has the school offered to reimburse you?			
Do you believe that your child should have been provided assistive technology but was not?			
Do you believe the school failed to provide needed education and services because of staffing problems/budgetary issues, rather than your child's needs?			
Did the school bar your expert or advocate from attending and participating in the IEP meeting?			
Do you believe the school failed to			

allow you and your experts/advisers to participate meaningfully in the decisions made regarding child's education?			
Was your child educated in the Least Restrictive Environment (LRE) to suit his/her individual needs?			

10. 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? _____

11. 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: _____ Physician: _____

Reason: _____

12. FAILURE TO FOLLOW OR DEVISE PROPER IEP/504 PLAN

If your child was to be provided accommodations for testing according to the IEP or 504 Plan, were they given?

Did the school follow all provisions of the IEP or 504 Plan? If not, what provisions did the school NOT follow?

Were the IEP goals and objectives written “measurable”?

Were the methods that were supposed to be used to measure them actually used?

Were the methods that were supposed to be used to inform you about your child’s progress actually used?

If you know, were all of your child’s teachers and substitute teachers familiar with your child’s IEP or 504 Plan?

Did the school ever have an IEP in place that was more than one year old?

Were you presented with a copy of the draft IEP before the meeting?

14. SCHOOL DISTRICT INFORMATION

School you child attends: _____

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

Superintendent: _____ Special-education director: _____

Principal’s name: _____

Address of district office: _____

Phone #: _____ Fax #: _____

District’s Attorney (if know):
