NOTICE

Enclosed with this notice is a Consultation Questionnaire for the Public Interest Law Center of Philadelphia. Please know that the problem you have is very important to us. We can best help you if we have as much information as possible, so please fill out this form COMPLETELY. If there is a question that you do not know the answer to, state you do not know. Do your very best to answer all the questions and return all the documents we have asked for. If we do not have all of the information, it will delay our ability to review your situation. Once you send in the packet, we will meet. If you do not send in your packet, and we have scheduled a tentative appointment time, we will cancel the meeting.

Please be on notice: By agreeing to a consultation, we are not agreeing to take your case. We do not represent you at this time. But, if you send in your packet and records, we will meet with you to discuss your legal options and we will give you a written legal option of your situation, your rights and options.

We know that working on behalf of your child to ensure your child has a free appropriate public education is important to you. We will do our very best to assess the situation, and give you advice.

Please send copies only of your documents, I do NOT want originals. Keep all originals in a safe place. Send me your packet on CD Rom or E-Stick only. If you cannot do that, please contact us first for permission to send documents in hard copy.

If you have an advocate or have had an advocate in the past, please indicate whether you wish to have that individual contacted prior to our meeting and provide us written permission to do so by signing the attached release form.

If you have a disability and need accommodations or assistance to complete this form, please contact us or have someone contact us on your behalf.

Public Interest Law Center of Philadelphia

QUESTIONS TO HELP US HELP YOUR CHILD

Note: This form is designed to help us get the information we need to help your child. If you have difficulty completing it, talk to a friend or advocate. Feel free to add additional pages of explanation.

SECTION I.: BASIC INFORMATION

Your Name:						
Address:						
Contact Info:	Telephone:		Cell:			
	Email:		Fax:			
Child's Basic	Info:					
	Name:					
	Birthdate:	Age:	Grade:			
	Child's Primary Disability:					
School Info:						
	School District of Attendance:					
	School District Contact Person:					
	School District Contact/Address Information:					
	Principal's Name:					
	Special Education Director's Name:					
Referral Info	:					
	Person referring you:					
	Name and contact information for any prior attorneys or advocates:					
	1					
	2					

SECTION II: Knowledge and Use of Parental Rights:

As a parent you have the right to be informed and involved in your child's ducation. It is important to tell me what you know about your rights and what rights you may have exercised before contacting me.

- 1. Have you ever attended an IEP meeting? Yes__ No__
- 2. Have you ever attended a 504 meeting? Yes __ No
- 3. Have you ever refused to attend an IEP or 504 meeting? Yes ____ No ____

Please explain._____

4. Has the school district ever refused to meet with your? Yes ____ No____

Please explain._____

- 5. Have you ever received a Notice of Procedural Safeguards? Yes ____ No ____
- 6. Have you ever received written information about Section 504? Yes__ No__
- 7. Does your child have an IEP? Yes ____ No____ If so, provide latest IEP.
- 8. Does your child have a 504 plan? Yes___No____If so, provide latest 504 plan.
- 9. Have you ever received a Prior Written Notice? Yes____ No ____
- 10. Has the school district ever changed your child's program without giving you a Prior Written Notice? Yes____ No____ Please explain._____
- 11. Do you know what a due process hearing is? Yes___ No____
- 12. Have you ever requested a due process hearing? Yes ____ No ____ If so, what was result? Provide any decision. _____
- 13. Do you know what mediation is? Yes__ No____
- 14. Have you participated in mediation? Yes__ No___ What was result? Provide any mediation agreement. _____
- 15. Do you know what a state complaint is? Yes __ No__
- 16. Have you ever filed a state complaint? If so, what was result? Provide any decision.

- 17. Do you know how long you have to complain about something the school district did or did not do? Yes __ No__
- 18. Have you ever contacted any advocacy group for assistance (such as Education Law Cetner, Disability Rights Network, Juvenile Law Center, PEN, PEAL, ARC, HUNE, Disability Law, Stone Soup, Parents, Inc., Links, or autism, learning disabilities, NAIM, or other similar groups, etc)? Yes __ No__
- 19. If Yes, above, list here who you have contacted:

SECTION III: Your Family, Your Child's Difficulties and Needs.

To help you, I need to know a lot about your child. Below is a series of questions that are very important. There are questions about you and your family and your child. Some may seem intrusive or irrelevant but there are reasons they are asked and all information is confidential. Please answer all of the questions as honestly as you can. If you do not know, say so. You have the right to choose not to answer any of the questions related to disabilities within your family. Please know that I have represented children whose families are victims of domestic violence, have histories of child abuse, and whose parents are themselves disabled. The reason for asking these questions is that sometimes school districts will claim that there is a different reason for the child's lack of success in school and they will look first to "blame the family." I believe strongly that school districts are responsible to educate children, not parents.

PART A: Child's Initial Diagnosis Information.

- 1. Who first diagnosed your child with any type of disability and what was the disability? Please provide assessment (even if you disagree with it).
- **2.** If the school district conducted the first assessment, do you believe it was done in a timely fashion?
- 3. If the school district did not conduct the first assessment, who paid for it?
- 4. Has your child's hearing been tested and when? What were the results?
- 5. Has your child's vision been tested and when? What were the results?

- **6.** Was your child's initial hearing and vision tested before the first diagnosis of any disability?
- 7. Has your child ever repeated a grade? If repeated, was this before or after initial assessment?
- 8. Has your child ever experienced unconsciousness or any type of brain trauma?
- 9. Was your child exposed to alcohol or drugs prior to birth?

Part B: Family History Information.

- 1. Does your family have any history of learning disabilities, reading problems or dyslexia? If so, please explain.
- 2. Does your family have any history of mental health difficulties? If so, please explain.
- 3. Does your family have any history of epilepsy? If so, please explain.
- 4. Does your family have any history of mental retardation or developmental disability? If so, please explain.
- 5. Is there any history of sexual abuse in your family? If so, please explain.
- 6. Is there any history of domestic violence in your immediate family? If so, please explain.
- 7. Is there any history of drug abuse in your immediate family? If so, please explain.
- 8. Has any individual evaluating your child, including school personnel, ever asked you these last 7 questions?

Part C: Child's Learning Style Information

- 1. What is your child's approximate grade level in: reading _____, writing _____, math _____?
- 2. When did any school district develop your child's first IEP or 504 plan?
- 3. What are your child's disabilities according to the school district?
- 4. What are your child's disabilities according to you?
- 5. Does your child have any behavioral difficulties?
- 6. Does your child have any physical limitations?
- 7. When was the most recent vision testing of your child?
- 8. When was the most recent hearing testing of your child?
- 9. When were any school district evaluations completed? Please list the dates and summarize the results.
- 10. Did the school district provide each evaluation to you in a timely fashion?
- 11. Did you have each evaluation before any meeting about your child?
- 12. Did you ever ask for an independent educational evaluation about your child?
- 13. Did you know you could ask for an independent educational evaluation?
- 14. Have you visited your child's classroom? When? Has anyone else on your behalf?
- 15. If I could wave a magic wand and make everything right for your child in his/her school, what would you want for your child?

Part D: Behavioral Problems/Discipline.

- 1. Is your child presently in school? If not, is he/she receiving any educational services at this time? Explain.
- 2. Has your child been disciplined for behaviors that are tied to his/her disabilities? If so, tell me the discipline administered, the alleged reason for it, and any information you were given about your rights in the situation.
- 3. If your child has behavioral problems, did the school conduct a Functional Behavioral Assessment (FBA)? If so, did the school prepare a Behavior Intervention Plan (BIP)? Please provide any FBAs or BIPs created for your child.

PART E: YOUR CHILD'S SERVICES:

1. Does your child currently receive special education and related services (yes/no)? If yes, please list below what your child receives (minutes, days).

Service:	Yes	Amount (minutes,	No	I don't know
		days received)		what this is
Special Education:				
Occupational Therapy:				
Physical Therapy:				
Reading help:				
Writing help:				
Math help:				
Behavioral help:				
Aide/Paraprofessional:				
Counseling:				
Assistive Technology:				
Parent Training:				
Supplemental aids/services in regular classroom:				
Assistance/accommodations on high school graduation testing:				
Extended School Year (ESY):				
Transition Services (if age 16 or older):				
Homebound instruction:				

- 2. Are there any services you have asked for that the school refuses?
- 3. Please list below what you want your child to receive as far as services.
- 4. Has the school district ever failed to fully implement your child's IEP or 504? If so please explain.
- Is your child's school day different than that of non-disabled children in any of the following ways: Length of day:

Location:

Extracurricular activities:

Transportation:

- 6. Has the school district ever threatened to:
 - a. Report you to the Office of Children's Services?
 - b. File criminal charges against you?
 - c. File criminal charges against your child?
- 7. Does your child receive Medicaid?
- 8. Has your child ever been in juvenile court?