# **My Child's Advocacy File**

## **BASIC INFORMATION**

**Child's Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Grade:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **School Year:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School District:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current IEP/504 Plan Status:**

* [ ] Has IEP (Date of last IEP: \_\_\_\_\_\_\_\_\_\_\_\_)
* [ ] Has 504 Plan (Date of last 504: \_\_\_\_\_\_\_\_\_\_\_\_)
* [ ] No current plan
* [ ] Evaluation in progress
* [ ] Plan under review

**Primary Disability/Diagnosis:**

**Secondary Diagnoses (if applicable):**

**Current Teachers and Service Providers:**

* **General Education Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Special Education Teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Speech Therapist:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Occupational Therapist:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Physical Therapist:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **School Psychologist:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **School Counselor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **STRENGTHS**

### **Academic Strengths**

### **Social/Behavioral Strengths**

### **Learning Style Preferences**

* [ ] Visual learner
* [ ] Auditory learner
* [ ] Kinesthetic/hands-on learner
* [ ] Needs frequent breaks
* [ ] Works better in small groups
* [ ] Prefers one-on-one instruction
* [ ] Benefits from visual schedules/organizers
* [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Motivators and Interests**

## 

## **CONCERNS**

### **Academic Challenges**

* **Reading:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Writing:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Math:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Organization/Executive Function:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Social/Behavioral Concerns**

### **Environmental Factors That Impact Learning**

* **Noise level:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Lighting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Seating arrangements:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Time of day:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Class size:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Areas Needing Support**

## 

## **COMMUNICATION LOG**

| **Date** | **Person/Title** | **Contact Method** | **Topic Discussed** | **Outcome/Follow Up** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## **IMPORTANT DOCUMENTS CHECKLIST**

* [ ] Current IEP/504 Plan
* [ ] Most recent evaluation reports
* [ ] Progress reports
* [ ] Report cards
* [ ] Medical records/doctor reports
* [ ] Outside therapy reports
* [ ] Work samples showing concerns
* [ ] Photos/videos of successful strategies
* [ ] Correspondence with school staff

## 

## **GOALS AND ADVOCACY PRIORITIES**

### **Short-term Goals (this semester/quarter):**

### **Long-term Goals (this school year):**

### **Current Advocacy Focus Areas:**

* [ ] Academic accommodations
* [ ] Behavioral support plan
* [ ] Related services (speech, OT, PT)
* [ ] Transition planning
* [ ] Social skills support
* [ ] Technology needs
* [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 

## **MEETING PREPARATION NOTES**

**Upcoming Meeting Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Type:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions to Ask:**

**Concerns to Raise:**

**Data/Examples to Share:**

## 

## **RESOURCES AND CONTACTS**

**Parent Training/Support Organizations:**

**Legal/Advocacy Resources:**

**Healthcare Providers:**

**Emergency Contacts:**

*File created on: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Last updated: \_\_\_\_\_\_\_\_\_\_\_\_\_*