

**FOR  
PARENTS  
OF FLORIDA'S  
STUDENTS  
WITH  
DISABILITIES**

**PARENTS  
EDUCATIONAL  
RECORDS**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

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FOR PARENTS OF FLORIDA'S  
STUDENTS WITH DISABILITIES

# **PARENTS' EDUCATIONAL RECORDS**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

2001  
Florida Department of Education  
Division of Public Schools and Community Education  
Bureau of Instructional Support and Community Services

**Florida Department of Education  
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# WELCOME

*This booklet is meant to be used. In it you can write important information about your child and your child's education...*

This booklet is for parents of Florida's children with disabilities. The word “parents” includes anyone who has major responsibility for the care and well-being of a child. If you are a person who has such responsibility—parent, grandparent, surrogate parent, foster parent—and you think your child has special learning needs, you may find this booklet helpful.

It is very important that you keep records of steps you take, and steps the school takes, to make sure your child gets the education he or she needs. This booklet is meant to be used. In it you can write important information about your child and your child's education. The parents' record pages inside will help you keep track of meetings and decisions that are part of the process of planning and continuing your child's education. This process is described in the book, *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*. Each of the pages in this record booklet goes with a particular part of that book.

Most of the forms in this booklet can be used for regular IEP or Transition IEP activities. You may want to make copies of some pages to use in future years, or you may want to get a new copy of the booklet from your local school district office or the Clearinghouse Information Center (listed on the inside front cover of this booklet). You will probably never use some of the forms in this booklet.

Some parents like to make a tape recording of important meetings. If you would like to tape record a meeting, talk to the people at the school about it well before the meeting date.

**Note:** This booklet applies to any child with a disability, beginning on the child's third birthday and continuing until the student's 22nd birthday or until the student graduates from high school with a standard diploma or GED diploma, whichever comes first. For information on services for children with special needs who are ages birth to two years, see *For Parents of Florida's Infants and Toddlers: Early Intervention Services for Your Young Child with Special Needs* (available from the address listed on the inside front cover of this booklet.)



# PARENTS' RECORD—REFERRAL FOR INDIVIDUAL EVALUATION

Who made the referral? \_\_\_\_\_

When was the referral made? \_\_\_\_\_ Age of child: \_\_\_\_\_

Why was the referral made? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you provide any medical reports or other written information about your child?  Yes  No

Report title: \_\_\_\_\_ Who wrote the report? \_\_\_\_\_

Report title: \_\_\_\_\_ Who wrote the report? \_\_\_\_\_

Was there a meeting about the referral?  Yes  No

Who met with you?

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Date meeting was held: \_\_\_\_\_ Place meeting was held: \_\_\_\_\_

Was information you provided discussed in the meeting?  Yes  No

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Results of meeting: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sometimes a record is made of meetings about the referral.

Ask for a copy and keep it in your file.

Keep a copy of *all* records in your file.

**See pages 16, 107, & 155 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.**

## PARENTS' RECORD—INDIVIDUAL EVALUATION

Were you asked to give your written consent for the evaluation?  Yes  No

If yes, when? \_\_\_\_\_

Did you give your written consent for the evaluation?  Yes  No

If yes, when? \_\_\_\_\_

Age of child: \_\_\_\_\_

Were the tests or other evaluations explained to you?  Yes  No

For each test or other evaluation, record the name and purpose of the test and who did it, when, and where:

Name and purpose of test: \_\_\_\_\_

Name & title of person who did test: \_\_\_\_\_

Date of test and where it was done: \_\_\_\_\_

Name and purpose of test: \_\_\_\_\_

Name & title of person who did test: \_\_\_\_\_

Date of test and where it was done: \_\_\_\_\_

Name and purpose of test: \_\_\_\_\_

Name & title of person who did test: \_\_\_\_\_

Date of test and where it was done: \_\_\_\_\_

Did you view the evaluation process?  Yes  No

Explain: \_\_\_\_\_

Were you given a copy of the evaluation report(s) before the eligibility staffing?  Yes  No

Did you read the report(s)?  Yes  No

Did someone explain the report(s) to you?  Yes  No

If yes, who? \_\_\_\_\_ When? \_\_\_\_\_

Notes and questions about the evaluation report(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Keep a copy of *all* evaluation reports in your file.

**See pages 17 & 108 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.**

## PARENTS' RECORD—BEFORE ELIGIBILITY STAFFING

What concerns do you have about your child's education? \_\_\_\_\_

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What are your child's strengths at school? \_\_\_\_\_

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What problems does your child have at school? \_\_\_\_\_

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What are your child's strengths at home? \_\_\_\_\_

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---

What problems does your child have at home? \_\_\_\_\_

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---

What things does your child like to do? \_\_\_\_\_

---

---

What things does your child *not* like to do? \_\_\_\_\_

---

---

What is your child good at? \_\_\_\_\_

---

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What kinds of help do you think your child needs? \_\_\_\_\_

---

---

What questions do you have about the evaluation report(s)? \_\_\_\_\_

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What other questions do you have for the people at the school? \_\_\_\_\_

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**See pages 19 & 108 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.**

# PARENTS' RECORD—ELIGIBILITY STAFFING MEETING

(first of two pages)

Did you get a written notice about the eligibility staffing 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 note  Electronic mail

Other \_\_\_\_\_

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? \_\_\_\_\_

If no, did the school staff ask you to help with the eligibility decision in some other way?  Yes  No

How? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When was the meeting held? (Date) \_\_\_\_\_ (Time) From: \_\_\_\_\_ To: \_\_\_\_\_

Where was the meeting held? \_\_\_\_\_

Who was at the meeting?

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Was there a need for more than one meeting?  Yes  No If yes, give date(s): \_\_\_\_\_

What information and opinions did you share at the meeting? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you and the school staff able to agree about your child's eligibility for ESE?  Yes  No

If no, what did you disagree about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, what did you do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you told that you have a right to an independent educational evaluation if you are not satisfied with the evaluation done by the school?  Yes  No

Results of meeting:

Does your child have a disability?  Yes  No

Which program(s) is your child eligible for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What will happen next? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When? \_\_\_\_\_

Did you get a notice telling which program(s) your child is eligible for?  Yes  No

If yes, date of notice: \_\_\_\_\_

Keep a copy of the notice or letter you get in your file.

**See pages 8, 19, & 109 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.**

# PARENTS' RECORD—BEFORE IEP MEETINGS

(first of two pages)

## Observation Guide

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

What things does your child do best?

At home: \_\_\_\_\_  
\_\_\_\_\_

At school: \_\_\_\_\_  
\_\_\_\_\_

What does your child have trouble with?

At home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

At school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your child seem to feel about:

School (if your child goes to school)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Himself or herself? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other children (friends, brothers and sisters)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adults (parents, teachers, relatives)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your child like to do when he or she has free time or play time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What does your child *not* like to do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How well does your child take care of himself or herself (dressing, eating, staying clean, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your child do to help you at home? \_\_\_\_\_  
\_\_\_\_\_

How well does your child listen to you and follow directions? \_\_\_\_\_  
\_\_\_\_\_

How many friends does your child have? \_\_\_\_\_  
How old are your child's friends? \_\_\_\_\_  
What does your child do when playing with friends? \_\_\_\_\_  
\_\_\_\_\_

How much, and how well, does your child talk: \_\_\_\_\_  
To you? \_\_\_\_\_  
To other children? \_\_\_\_\_  
To adults? \_\_\_\_\_

How does your child learn best? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your child most need to learn in school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kinds of help does your child need in order to learn? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kind of technology does your child need in order to learn? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**See pages 52 & 58 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education.***

# PARENTS' RECORD—IEP MEETING

(first of two pages)

Did you get a written 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 note  Electronic mail

Other \_\_\_\_\_

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? \_\_\_\_\_

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

How? \_\_\_\_\_

\_\_\_\_\_

When was the meeting held? (Date) \_\_\_\_\_ (Time) From: \_\_\_\_\_ To: \_\_\_\_\_

Where was the meeting held? \_\_\_\_\_

Who was at the meeting?

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Was anyone invited who did not attend the meeting?  Yes  No

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

If a key person was absent, how was this addressed? \_\_\_\_\_

Did your child attend the meeting?  Yes  No

Why or why not? \_\_\_\_\_

Did your child actively participate in the meeting?  Yes  No

If yes, what did your child do? \_\_\_\_\_

Was there a need for more than one meeting?  Yes  No If yes, give date(s): \_\_\_\_\_

What information and opinions did you share at the meeting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If no, what did you disagree about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

**See chapters 2 & 3 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.**

## PARENTS' RECORD—CONSENT FOR PLACEMENT

Did you get a form asking for your written consent to place your child in ESE?  Yes  No

If yes, date of form: \_\_\_\_\_

Did you give your written consent?  Yes  No

If yes, date you gave your consent: \_\_\_\_\_

If no, why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no, what happened next? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Keep a copy of *all* consent forms in your file.

See pages 22 & 111 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.

# PARENTS' RECORD—SPECIAL EDUCATION SERVICES

Date services started: \_\_\_\_\_ Age of child: \_\_\_\_\_

Name of school: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

### Teachers

Name & subject or service: \_\_\_\_\_

Name & subject or service: \_\_\_\_\_

Name & subject or service: \_\_\_\_\_

### Therapists

Name & service: \_\_\_\_\_

Name & service: \_\_\_\_\_

Name & service: \_\_\_\_\_

Principal's Name \_\_\_\_\_

### Your visits to the school or classroom:

Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

What did you learn? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

What did you learn? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

What did you learn? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**See pages 22, 57, & 111 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education.***

## PARENTS' RECORD—ASSISTIVE TECHNOLOGY

Date of assistive technology assessment: \_\_\_\_\_

Who was on the assistive technology assessment team?

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Date device received: \_\_\_\_\_ Age of child: \_\_\_\_\_ Name of school \_\_\_\_\_

Name of device: \_\_\_\_\_

Purpose of device: \_\_\_\_\_

Which IEP objectives will this device help your child achieve? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the IEP say your child will use this device at home?  Yes  No

When were you trained to use this device? \_\_\_\_\_

Who trained you? \_\_\_\_\_ Phone number: \_\_\_\_\_

When was your child trained to use this device? \_\_\_\_\_

Who trained your child? \_\_\_\_\_ Phone number: \_\_\_\_\_

Which school personnel were trained to use this device?

Name & title \_\_\_\_\_ Date trained: \_\_\_\_\_

Name & title \_\_\_\_\_ Date trained: \_\_\_\_\_

Who was trained to maintain this device?

Name & title \_\_\_\_\_ Date trained: \_\_\_\_\_

Name & title \_\_\_\_\_ Date trained: \_\_\_\_\_

How will the device be maintained?

What needs to be done to maintain the device? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Who will maintain the device? \_\_\_\_\_

How often does the maintenance need to be done? \_\_\_\_\_

**See pages 22 & 46 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.**

# PARENTS' RECORD—BEFORE TRANSITION IEP MEETINGS

(first of two pages)

## Transition Observation Guide

Name of young person: \_\_\_\_\_ Age: \_\_\_\_\_

What things does your young person do best? \_\_\_\_\_

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What problems or needs does your young person have? \_\_\_\_\_

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How does your young person seem to feel about:

School? \_\_\_\_\_

Work (if he or she goes to work)? \_\_\_\_\_

Himself or Herself? \_\_\_\_\_

Other people (friends, family, teachers, co-workers)? \_\_\_\_\_

---

How well does your young person take care of himself or herself (dressing, eating, staying clean, getting from place to place, buying things, etc.)? \_\_\_\_\_

---

---

What does your young person do to help you at home? \_\_\_\_\_

---

---

How well does your young person follow directions? \_\_\_\_\_

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What does your young person like to do when he or she has free time? What are your young person's hobbies?

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---

What does your young person *not* like to do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many friends does your young person have? \_\_\_\_\_  
How old are your young person's friends? \_\_\_\_\_  
What does your young person do with his or her friends? \_\_\_\_\_  
\_\_\_\_\_

How much, and how well, does your young person communicate with other people: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your young person talk?  Yes  No If no, how does he or she communicate? \_\_\_\_\_  
\_\_\_\_\_

What kinds of jobs or volunteer work has your young person done? \_\_\_\_\_  
\_\_\_\_\_

What services does your young person receive from community agencies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What assistive technology devices does your young person use? \_\_\_\_\_  
\_\_\_\_\_

Is your young person aware of the types of work available in the community?  Yes  No

What kind of job or career would your young person like to have? \_\_\_\_\_  
\_\_\_\_\_

Where would you like to see your young person living and working five years from now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your young person most need to learn in order to be ready for adult life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**See page 73 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.**

# PARENTS' RECORD—TRANSITION IEP MEETING

(first of two pages)

Did you get a written 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 note  Electronic mail

Other \_\_\_\_\_

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? \_\_\_\_\_

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

How? \_\_\_\_\_

\_\_\_\_\_

When was the meeting held? (Date) \_\_\_\_\_ (Time) From: \_\_\_\_\_ To: \_\_\_\_\_

Where was the meeting held? \_\_\_\_\_

Who was at the meeting?

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Was anyone invited who did not attend the meeting?  Yes  No

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

If a key person was absent, how was this addressed? \_\_\_\_\_

Did your child attend the meeting?  Yes  No

Why or why not? \_\_\_\_\_

Did your child actively participate in the meeting?  Yes  No

If yes, what did your child do? \_\_\_\_\_

Was there a need for more than one meeting?  Yes  No If yes, give date(s): \_\_\_\_\_

What information and opinions did you share at the meeting? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the IEP team discuss what type of diploma your young person will work toward?  Yes  No  
Which diploma is your young person working toward?  standard diploma  special diploma

What is your young person's desired post-school outcome? (What kind of work, housing, education, and recreation arrangements does your child want for adult life?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you and the school staff able to agree on the IEP?  Yes  No  
If no, what did you disagree about? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

**See chapters 2 & 3 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education.***

# PARENTS' RECORD—IEP REVIEW MEETING

Did you get a written notice about the IEP review meeting?  Yes  No

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

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 asked for the meeting?  You  The school

If you, why did you ask for the meeting? \_\_\_\_\_  
\_\_\_\_\_

When was the meeting held? (Date) \_\_\_\_\_ (Time) From: \_\_\_\_\_ To: \_\_\_\_\_

Where was the meeting held? \_\_\_\_\_

Who was at the meeting?

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

What information and opinions did you share at the meeting? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How were your information and opinions included in the IEP? \_\_\_\_\_

\_\_\_\_\_

What changes were made in the IEP? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did you agree with these changes?  Yes  No

If no, what did you disagree about? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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.

**See pages 24, 25, 58, 112, & 156 of *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.**

# PARENTS' RECORD—REEVALUATION

(first of two pages)

Age of child: \_\_\_\_\_

Did you receive a notice about the reevaluation?  Yes  No When? \_\_\_\_\_

Reason for reevaluation: \_\_\_\_\_  
\_\_\_\_\_

Did the school staff want to do any tests or other evaluations as part of the reevaluation?  Yes  No

If no, did you agree with the school's decision not to give new tests?  Yes  No

If you did not agree, why not? \_\_\_\_\_  
\_\_\_\_\_

Did you ask the school staff to do new tests or other evaluations?  Yes  No

Did the school staff agree to test your child or do other evaluations?  Yes  No

If the school staff did want to do new tests or other evaluations, were you asked to give your written consent?

Yes  No When? \_\_\_\_\_

Did you give your written consent for the tests or other evaluations?  Yes  No

If yes, when? \_\_\_\_\_

Were the tests or other evaluations explained to you?  Yes  No

For each test or other evaluation, record the name and purpose of the test and who did it, when, and where:

Name and purpose of test: \_\_\_\_\_  
\_\_\_\_\_

Name & title of person who did test: \_\_\_\_\_

Date of test and where it was done: \_\_\_\_\_

Name and purpose of test: \_\_\_\_\_  
\_\_\_\_\_

Name & title of person who did test: \_\_\_\_\_

Date of test and where it was done: \_\_\_\_\_

Name and purpose of test: \_\_\_\_\_  
\_\_\_\_\_

Name & title of person who did test: \_\_\_\_\_

Date of test and where it was done: \_\_\_\_\_

Were you given a copy of the evaluation report(s) before the IEP meeting?  Yes  No

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

Did someone explain the evaluation report(s) to you?  Yes  No

If yes, who? \_\_\_\_\_ When? \_\_\_\_\_

Notes and questions about the evaluation report(s): \_\_\_\_\_

\_\_\_\_\_

Keep a copy of *all* reevaluation reports in your file.

**See pages 26 & 113 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.**

# PARENTS' RECORD—INDEPENDENT EDUCATIONAL EVALUATION

(first of two pages)

Why do you want an individual educational evaluation of your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of your letter asking for an independent educational evaluation: \_\_\_\_\_

Did you keep a copy in your file?  Yes  No

Date of school district's answer: \_\_\_\_\_

Did the school district agree to pay for an independent educational evaluation?  Yes  No

Reason for school district's decision: \_\_\_\_\_  
\_\_\_\_\_

Did you keep a copy of the school district's answer in your file?  Yes  No

If the school district refused to pay for an individual educational evaluation, what happened next? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was a due process hearing needed?  Yes  No

If yes: Name of administrative law judge: \_\_\_\_\_

Date of hearing: \_\_\_\_\_

Place: \_\_\_\_\_

Decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the independent educational evaluation done?  Yes  No

If no, why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes, date: \_\_\_\_\_

If yes, who paid for the independent educational evaluation? \_\_\_\_\_

For each test or other evaluation, record the name and purpose of the test and who did it, when, and where:

Name and purpose of test: \_\_\_\_\_

Name & title of person who did test: \_\_\_\_\_

Date of test and where it was done: \_\_\_\_\_

Name and purpose of test: \_\_\_\_\_

Name & title of person who did test: \_\_\_\_\_

Date of test and where it was done: \_\_\_\_\_

Name and purpose of test: \_\_\_\_\_

Name & title of person who did test: \_\_\_\_\_

Date of test and where it was done: \_\_\_\_\_

Name and purpose of test: \_\_\_\_\_

Name & title of person who did test: \_\_\_\_\_

Date of test and where it was done: \_\_\_\_\_

Were you given a copy of the independent educational evaluation report(s)?  Yes  No

Who presented the results of the independent educational evaluation at the IEP meeting? \_\_\_\_\_  
\_\_\_\_\_

Keep a copy of *all* evaluation reports in your file.

**See pages 116 and 158 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.**

# PARENTS' RECORD—OTHER MEETINGS (AS NEEDED)

(first of two pages)

Age of child: \_\_\_\_\_

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

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

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 asked for the meeting?  You  The school

If you, why did you ask for the meeting? \_\_\_\_\_

\_\_\_\_\_

On what date was the meeting held? \_\_\_\_\_ What time? From: \_\_\_\_\_ To: \_\_\_\_\_

Where was the meeting held? \_\_\_\_\_

Who was at the meeting?

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

Name & title: \_\_\_\_\_

What was the purpose of the meeting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What information and opinions did you share at the meeting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Results of meeting:

Decisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for decisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What will happen next? \_\_\_\_\_  
\_\_\_\_\_

When? \_\_\_\_\_

Did you get a written notice explaining the results of the meeting?  Yes  No

If yes, date of notice: \_\_\_\_\_

Keep a copy of *all* notices or letters you get in your file.

**See pages 26 & 114 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.**

# PARENTS' RECORD—SCHOOL RECORDS

(first of two pages)

Kinds of records kept by the school:

| Kind  | Place Kept |
|-------|------------|
| _____ | _____      |
| _____ | _____      |
| _____ | _____      |
| _____ | _____      |

Did you read the records?  Yes  No If yes, supply this information:

| Date  | Kind of Record | Place Kept |
|-------|----------------|------------|
| _____ | _____          | _____      |
| _____ | _____          | _____      |
| _____ | _____          | _____      |
| _____ | _____          | _____      |
| _____ | _____          | _____      |

Did someone explain the records to you?  Yes  No If yes, supply this information:

| Name  | Title | Date  |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have records been sent outside the school:  Yes  No If yes, supply this information:

| Records Sent to (Name) | Date  | Did You Give Your Consent?                               |
|------------------------|-------|--|
| _____                  | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____                  | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____                  | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____                  | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____                  | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Did you ask for copies of records?  Yes  No If yes, supply this information:

| Kind of Record | Date  | Was There a Charge?                                      |
|----------------|-------|--|
| _____          | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____          | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____          | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____          | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____          | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Did you ask the school to change your child's records?  Yes  No If yes, supply information below:

| Change You Requested | Date  | School's Answer |
|----------------------|-------|-----------------|
| _____                | _____ | _____           |
| _____                | _____ | _____           |
| _____                | _____ | _____           |
| _____                | _____ | _____           |

If the school refused to change your child's records, did you add a note to the records explaining why you disagree with the record?  Yes  No

If yes, what information did you add to the record? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**See pages 119 and 159 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.**

## PARENTS' RECORD—MEDIATION

Date of letter you and the school sent asking for mediation: \_\_\_\_\_

Did you keep a copy in your file?  Yes  No

Reason for mediation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Things that were done to try to solve the problem before mediation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of mediator: \_\_\_\_\_

Who was at the mediation?

Name & title \_\_\_\_\_

Name & title \_\_\_\_\_

Name & title \_\_\_\_\_

Date of mediation session: \_\_\_\_\_ Place: \_\_\_\_\_

Was there a need for more than one session?  Yes  No If yes, give date(s): \_\_\_\_\_

Results of mediation:

What did you and the school agree on? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you and the school still not agree on? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What will happen next? \_\_\_\_\_  
\_\_\_\_\_

When? \_\_\_\_\_

Keep a copy of the mediation agreement in your file.

**See page 100 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.**

# PARENTS' RECORD—DUE PROCESS HEARING

(first of two pages)

Parent asked for the due process hearing     School asked for the due process hearing

Reason for hearing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of letter asking for hearing: \_\_\_\_\_ Did you keep a copy in your file?  Yes  No

Things that were done to try to solve the problem before hearing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you try mediation?  Yes  No

If yes, what were the results of the mediation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of administrative law judge: \_\_\_\_\_

Date of hearing: \_\_\_\_\_ Place: \_\_\_\_\_

Name of lawyer or other person helping you: \_\_\_\_\_

Evidence shared at least five business days before the due process hearing:

Parent's Evidence

School's Evidence

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Witnesses

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School's Witnesses

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Administrative law judge's decision: \_\_\_\_\_

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Did you appeal the decision?  Yes  No Did the school appeal the decision?  Yes  No

Date: \_\_\_\_\_

To whom: \_\_\_\_\_

Result of the appeal: \_\_\_\_\_

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Keep a copy of the administrative law judge's written decision in your file.

See pages 101 and 160 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.

# PARENTS' RECORD—FORMAL WRITTEN COMPLAINT

(first of two pages)

Date of complaint letter: \_\_\_\_\_ Did you keep a copy in your file?  Yes  No

What law do you think the school district violated? \_\_\_\_\_  
\_\_\_\_\_

In what way do you think the school district violated the law? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Things that were done to try to solve the problem before filing a written complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you try mediation before filing the written complaint?  Yes  No

If yes, what were the results of the mediation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you talk to Florida Department of Education (DOE) staff before filing the written complaint?  Yes  No

Name & title of DOE staff: \_\_\_\_\_ Date: \_\_\_\_\_

Notes about your conversation with DOE staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & title of DOE staff: \_\_\_\_\_ Date: \_\_\_\_\_

Notes about your conversation with DOE staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & title of DOE staff: \_\_\_\_\_ Date: \_\_\_\_\_

Notes about your conversation with DOE staff: \_\_\_\_\_

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Did you get to review the information DOE collected before DOE made the decision?

Yes  No

If yes, what changes or additions did you suggest? \_\_\_\_\_

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Date of DOE's decision on your complaint: \_\_\_\_\_

Did DOE issue the decision within 60 days of receiving your complaint?

Yes  No

If not, how long was the delay? \_\_\_\_\_

What was the reason for the delay? \_\_\_\_\_

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DOE's decision about your complaint: \_\_\_\_\_

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Keep a copy of DOE's written decision in your file.

**See pages 106 and 162 of the book *For Parents of Florida's Students with Disabilities: An Introduction to Exceptional Student Education*.**

## CONTACT LOG

Use this page to record the dates of telephone or in person contacts with your child's teacher or other school personnel. Include notes about what you discussed.

Date: \_\_\_\_\_  In person  Phone call  Other \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  In person  Phone call  Other \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  In person  Phone call  Other \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  In person  Phone call  Other \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CONTACT LOG

Use this page to record the dates of telephone or in person contacts with your child's teacher or other school personnel. Include notes about what you discussed.

Date: \_\_\_\_\_  In person  Phone call  Other \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  In person  Phone call  Other \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  In person  Phone call  Other \_\_\_\_\_

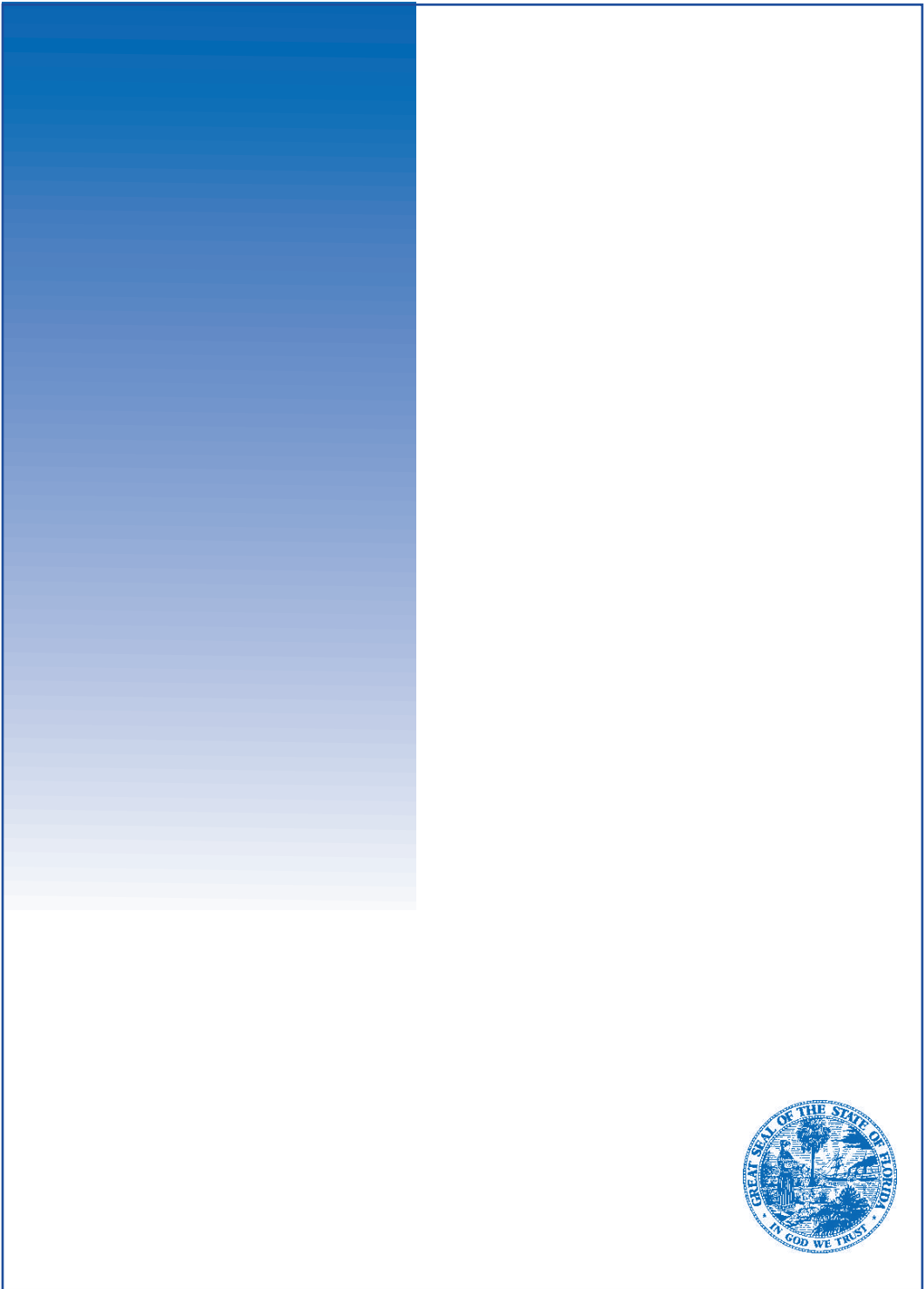
Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  In person  Phone call  Other \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_







**FLORIDA DEPARTMENT OF EDUCATION**  
**Charlie Crist, Commissioner**