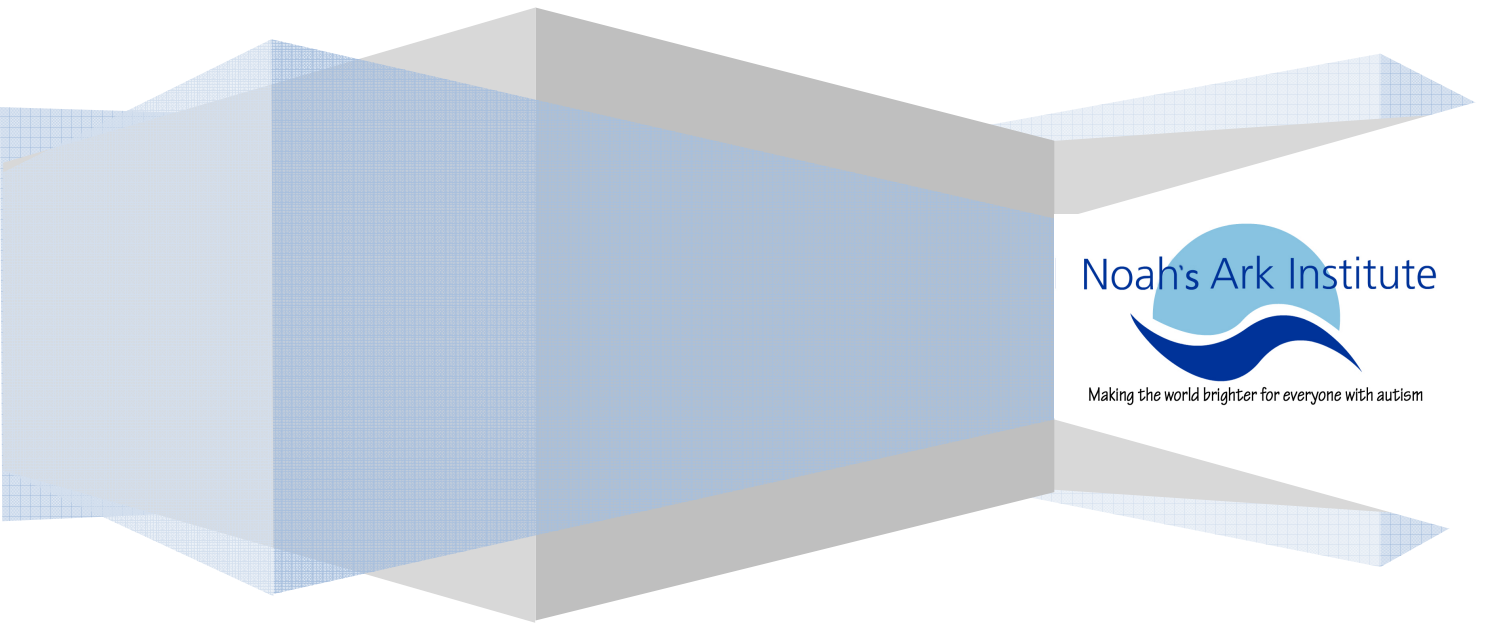


A.I.M.S. Toolkit

Autism Interactive Management System



AIMS AUTISM INTERACTIVE MANAGEMENT SYSTEM

Welcome to Noah's Ark Institute's AIMS Projects. This Autism Interactive Management System will provide a roadmap for families as they become familiar with the diagnosis of Autism Spectrum Disorders.

Noah's Ark Institute

NOAH'S ARK INSTITUTE is a coalition of researchers, clinicians, parents, educators, and service providers who work together to ameliorate the symptoms of autism spectrum disorders (ASD) in current and future generations, and to improve the quality of life of the growing number of persons affected by ASD. Our goal is to positively impact the community as we strive to develop a world where individuals with autism spectrum disorders are accepted and provided lifelong services which enhance their independence and human rights.

We take all necessary measures to ensure a project's success by striving to meet and exceed expectations. We apply the necessary expertise to ensure our projects are of the highest standard and enhance the community in a positive way.

We accomplish this through our tripartite mission:

- Research to identify best practice models and systems of delivery to the autism community.
- Support to engage and encourage positive outcomes for families caring for a loved one with an ASD.
- Outreach to provide systems of support for individuals with ASD, their families, and the healthcare professionals who care for them

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A.I.M.S. AUTISM INTERACTIVE MANAGEMENT SYSTEM

EXECUTIVE SUMMARY:

A.I.M.S. Autism Interactive Management System is a project of Noah's Ark Institute. Management should focus not only on the child but also on the family. Although parents once were viewed erroneously as the cause of a child's ASD, it is now recognized that parents play a key role in effective treatment. Having a child with an ASD has a substantial effect on a family. Parents and siblings of children with ASDs experience more stress and depression than those of children who are typically developing or even those who have other disabilities. Supporting the family and ensuring its emotional and physical health is an extremely important aspect of overall management of ASDs.ⁱ

In recognition of the growing concern about the prevalence of autism, AIMS was created to be a support to families with newly identified children on the autism spectrum.

The **Twenty-Second Annual Report to Congress**, states that *the most striking increase among low-incidence disabilities has been reporting in the autism category. Between 1992 and 1998, the number of children (ages 6 through 21) with autism served under IDEA grew by 243.9 percent.*ⁱⁱ This report estimates that there were 53,576 students (ages 6 through 21) diagnosed with autism during the 1998-1999 school year.

The **Individuals with Disabilities Education Act (IDEA, 2004)**,ⁱⁱⁱ is the federal regulation that calls for improved educational opportunities for

children with disabilities. The original law, IDEA '97, established high standards for children with disabilities to achieve educational results.

It is imperative to reach out to newly identified families and give them the support, information, encouragement and empowerment they need to be strong advocates for their child with autism. In light of the fact that to date there is no cure for autism, it is crucial that families understand the breadth of this diagnosis and receive the support that is necessary for them to begin the long journey in the care of their child. With the appropriate intervention plan children can experience marked improvements in the core domains of autisms which include social relatedness, language and communication impairments and behavioral rigidity. The path after the diagnosis of autism is often confusing and highly specialized. Finding the roadmap to the right information is crucial for the family to make informed decisions about the care and education of their child.

Early identification and access to appropriate educational programs are crucial to the success of children with autism. No single intervention has been found to work effectively for all children with autism. Since autism by its nature is defined by a spectrum of symptomology, children with autism are a diverse group with different strengths and different needs. A well conducted and thoughtful plan is necessary to develop the strategies families will utilize with their children with autism. The level of burden place upon the family to understand, coordinate and implement the plan of care for their child is indeed daunting. Throughout our project we were guided by one overarching question: **How can families most effectively manage a diagnosis of autism?**

WHAT IS AUTISM?

Autism is a neurodevelopmental disability that typically appears during the first three years of life, and is caused by a complex interaction between genetic and environmental factors. It affects a person's ability to communicate and interact socially with others, and is associated with repetitive behaviors and interests. It is called a spectrum disorder because the behaviors by which it is identified appear in different combinations and with varying severity. The terms 'autism' and 'autism spectrum disorders' (ASD) are often used interchangeably and refer to a broad continuum of brain disorders that includes Autistic Disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified.

Once considered a rare disorder, the prevalence of ASD has increased dramatically. Recent studies, including the CDC (Centers for Disease Control and Prevention) national surveillance study, which included researchers from The Autism Center, New Jersey Medical School UMDNJ, have reported a prevalence of 1 per 88 for all autism spectrum disorders combined nationally and in the State of New Jersey there was a significant increase to 1 in 49 people. This CDC (Centers for Disease Control and Prevention) statistic reflects the growing number of children and families affected by ASD.^{iv}

According to figures from the U.S. Department of Education, there were more than 140,920 children with autism aged 6-21, who received special education services in 2003-2004 in the United States. This number grew from only 12,222 reported in 1992-1993. The figures for New Jersey are 4,933 in 2003-2004, up from 446 in 1992-1993. This growth rate of more than 1000% shows the alarming increase of people affected by ASD.

Autism is a "**spectrum disorder**," which means that symptoms exhibit themselves in a variety of combinations. Children with autism vary in their abilities, level of intelligence, and social behaviors. Even as an individual child with autism spectrum disorder may show evidence of minor difficulty in language abilities and social skills, another child may show evidence of severe impairment in both of these areas. Specialists will refer to the ***Diagnostic and Statistical Manual of Mental Disorders (DSM - IV)*** when diagnosing individuals on the autism spectrum. The DSM-IV categorize autism with several related disorders under an expansive heading "**Pervasive Developmental Disorder.**"

ⁱ C:\Users\maddy\Desktop\Toolkit info\Management of Children With Autism Spectrum Disorders -- Myers et al_, 10_1542-peds_2007-2362 -- Pediatrics.htm

ⁱⁱ <http://www.ed.gov/about/reports/annual/osep/2000/chapter-2.pdf>

ⁱⁱⁱ <http://thomas.loc.gov/cgi-bin/query/z?c108:h.1350.enr>

^{iv} Autism and Developmental Disabilities Monitoring Network Surveillance Year 2002 Principal Investigators; Centers for Disease Control and Prevention. Prevalence of autism spectrum disorders: Autism and Developmental Disabilities Monitoring Network, 14 Sites. United States, 2002. *MMWR Surveill Summ.* 2007;56 (1): 12-28

EARLY DEVELOPMENTAL SIGNS TO LOOK FOR: *

- ❖ By 12 month baby should babble, point or make meaningful gestures[wave bye-bye, or hands up to be picked up]
- ❖ By 16 months baby should speak one word
- ❖ By 2 years baby should combine 2 words
 - Responds to name when called

SOME OTHER CHARACTERISTICS TO LOOK FOR:

- ❖ Plays inappropriately with toys (turns over truck to spin wheels)
- ❖ Lines up toys or other objects
- ❖ Poor eye contact
- ❖ Toe walks, hand flaps, and/or spins
- ❖ Overly attached to one particular object or toy
- ❖ Not look at or seem interested in objects when others point at them (look at the plane flying overhead)
- ❖ Loses any language or social skill

** Note: Contact your child's doctor or nurse if your child experiences a dramatic loss of skills at any age.

*Sources: CDC developmental milestones chart, The Autism Center of NJMS, PDQ1 Psychological Developmental Questionnaire

WHAT'S NEXT

The most commonly asked question is, "WHAT DO I DO?" If your child has not yet received a diagnosis, you will need to have a developmental evaluation. A developmental evaluation may be conducted by a physician (such as a developmental pediatrician, a psychiatrist, or a psychologist.) While pediatricians

may be able to make this diagnosis, many are not comfortable in doing so. You may need to see a specialist, such as a developmental pediatrician, psychologist, psychiatrist, or neurologist. Although many different specialists can make the diagnosis, some agencies such as the New Jersey Department of Developmental Disabilities require a diagnosis by a licensed healthcare professional in order to be eligible for services for services. Remember to get copies of all tests and reports for your new management system.

Discovering that your child has an autism spectrum disorder can be an overwhelming experience. For some, the diagnosis may come as a complete surprise, while others may have suspected autism and attempted for months or years to obtain an accurate diagnosis.

It is very important to know that you are not alone. Though you may be feeling understandably overwhelmed remember that There are thousands of parents in who have been in your shoes. We can put you in touch with other parents and parent groups who understand how you are feeling. They will be able to help you learn more about coping and how to find local resources, some of which are listed in this booklet.

ACCESSING SERVICES AND RESOURCES

If your child is newly diagnosed or has been referred for evaluation, the most important thing for you to know is that **children with autism will grow and can learn**. Not all children learn in the same way or at the same rate of speed. Your child may require different types of teaching and intervention than other typically developing children. When a professional diagnoses your child, it only provides a label to describe the cluster of behaviors you have probably already noticed.

AUTISM CHARACTERISTICS

All individuals with autism spectrum disorders will show some behavioral symptoms that indicate: (Taken from the DSM-IV)

- 1. Disturbances in social reciprocity (the give-and-take of socially relating to others).*
- 2. Abnormalities in speech and language development, such as speech that is absent or delayed.*

Alternatively, speech may develop, but be restricted in content to basic interests of the individual, or repetitive or echoic phrases. It is often difficult to carry on a conversation with individuals on the autism spectrum.

- 3. Abnormal ways of relating to people, objects, and events, which may be related to sensory processing, peculiar and restricted interests, self-stimulation, or attention, routines and rituals.*

Autism spectrum disorders may occur alone or in association with other disorders that affect the function of the brain, such as viral infections, metabolic disturbances, and epilepsy. It is important to distinguish autism from mental retardation or mental disorders since diagnostic confusion may result in referral to inappropriate and ineffective treatment techniques. It is important to note that the diagnosis of autism can be difficult to make and should be confirmed by qualified professionals.

Persons with autism may exhibit the following characteristics in various combinations and in varying degrees of severity:

1. May not want to cuddle.
2. No real fear of danger.
3. Inappropriate laughing, giggling or crying.
4. Apparent insensitivity to pain.
5. May prefer to be alone.
6. May avoid eye contact.
7. May echo words or phrases.
8. Difficulty interacting with others.
9. Inappropriate attachments to objects.
10. May spin objects or self.
11. Insistence on sameness.
12. Sustained, unusual or repetitive play.
13. Uneven physical and verbal skills.

-
14. Difficulty in verbally expressing needs (may not use gestures).
 15. Inappropriate responses or no response to sound.
 16. Self-injurious and/or aggressive behavior.

WHAT SHOULD I EXPECT IN AUTISM SPECTRUM DISORDERS?

The hallmark issues which define autism are the marked difficulties that children have learning to use language to communicate, developing social skills, and relating to others. Children with autism may also experience extreme hyperactivity or the opposite, hypo-activity which is being unusual sedentary. Behavior problems in the autism spectrum range from mild to severe. Severe behavior problems may take the form of highly unusual, aggressive, and, in some cases, self-injurious behavior. In its milder form, autism resembles a learning disability. Yet, children who are considered to be only mildly affected may be substantially challenged due to deficits in communication and socialization.

Young Children with Autism Spectrum Disorder Need:

- ❖ Consistent and predictable environments.
- ❖ Early intervention and services.
- ❖ Before and after school care.
- ❖ Extended school year programs.

-
- ❖ Individualized learning programs built on their strengths, interests, and learning style.
 - ❖ To be given patience, understanding, and a sense of worth.

Young Children with Autism Spectrum Disorder May Also Need:

- ❖ Functional and purposeful learning activities.
- ❖ Opportunities for interaction with typically developing peers, social skills
- ❖ Training.
- ❖ Recreational programs, summer programs.

WHAT WILL THE FUTURE HOLD FOR ME AND MY CHILD?

With Early Intervention and intensive therapy and programs in and out of school, many children with autism grow into healthy, active members of our community. Some are college graduates and hold full time jobs. Some need a great deal of support, others do not. They may need to be pushed. The future can be very bright. Don't give up hope and never stop believing in your child. Some children will progress to a point to where they no longer meet the criteria for autism. That is always the goal. There is a lot of work that needs to be done. There is also a lot of hope to be had. All of our children have unique potential and qualities to be cherished and developed. All children can learn and be successful.

FEDERAL AGENCIES AND LEGISLATION

IDEA Individuals with Disabilities Education Act

IDEA is our nation's special education law. IDEA stands for Individuals with Disabilities Education Act.

The IDEA was originally enacted by Congress in 1975 to make sure that children with disabilities had the opportunity to receive a free appropriate public education, just like other children. The law has been revised many times over the years. The most recent amendments were passed by Congress in December 2004, with final regulations published in August 2006. So, in some senses, the law is very new, even as it has a long, detailed, and powerful history.

IDEA guides how states and school districts provide special education and related services to more than six million eligible children with disabilities.

You may find it useful to have access to this landmark piece of legislation handy as a reference. We have included the nichcy website: www.nichcy.org. There is a link to the pdf of the legislation there:

<http://www.ada.gov/reg3a.html>.

It is a good idea to read it over and feel comfortable with as it is the legislation which guides the foundation of special education in the United States of America. All children are entitled to a free and appropriate public education regardless of their disability due to this law.]

A.I.M.S DOCUMENTS

A.I.M.S DOCUMENTS INTRODUCTION

Developing good organizational skills is a key ingredient for success as you maneuver through a very complex maze of assessments and evaluations, school meetings and program decisions.. Although some people by nature are more organized than others, anyone can put routines and systems in place to help themselves and their child. Below is a list of strategies that you can use to help you and child get organized and create a sense of calm as you go through the various processes and decisions you will need to make.

Creating and establishing routines made easy.

“**Routine**” may be defined as the customary or regular course of procedure.

This includes common place tasks, chores or duties done regularly or at specified intervals.

- Typical or everyday activities
- Regular, unvarying, habitual rote procedures
- Unvarying, constantly repeated formula, with predictable response.

~Webster's Dictionary

Many variables impact individual routines such as...

- family history, culture, and values;

-
- personality or style;
 - the number of people in a household;
 - environmental arrangements, such as sharing a bathroom;
 - logistics, such as work or school schedules;
 - age and gender;
 - physical and mental health;
 - abilities and disabilities...

The variables, and their impact, are essential for families and team members to consider when identifying routines for intervention.

Components of a Routine

- Beginning and ending
- Outcome oriented
- Meaningful
- Predictable
- Sequential or systematic
- Repetitious^{iv}♦

Family-guided Routines

- match the child and family interests

-
- promote positive interactions
 - embed functional targets into meaningful outcomes
 - are flexible and adaptable
 - change with the child and family

12 STEPS TO HELP YOU CREATE ROUTINES

1. **Keep a family calendar.** Track everyone's activities on a prominent and accessible calendar, and reference the calendar when making plans. You also might consider checking schedules and updating the calendar as a family over Sunday breakfast.
2. **Introduce checklists.** Whether it's as simple as "3 Things To Do Before Bed" or "What To Take On Vacation," creating and referring to lists together will develop your child's ability to strategize tasks and organize his time.
3. **Assign chores that involve sorting or categorizing.** Grocery shopping, emptying the dishwasher, sorting photos, cleaning out a closet, and other tasks that involve pre-planning, making lists, or arranging things are great choices.
4. **Get ready the night before.** This one's always tough — for both of you — but it does work if you can get in the habit. You may also want to utilize social stories to help you through the tough routines or to introduce new routines. More information about this useful tool can be found at <http://www.thegraycenter.org/social-stories>

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5. **Use containers and closet organizers.** If there's a place for everything, you and your child will find it easier to find items, keep neat, and clean up. Build "pick up" time into the daily routine. When you are starting new routines it is helpful, especially for the non verbal child, to introduce the new routines using a technique called "hand over hand", where you guide your child with your hand over theirs as you model the new routine. You will fade your action slowly over time as the routine is learned. This is a great technique and more information about this and other prompting techniques can be found at <http://specialized.about.com/od/autismandaspergers/a/Prompts-That-Support-Instruction-And-Independence.htm>
 6. **Create a planner.** Having his or her own planner will show that you consider time valuable and encourage the creation schedules. Be sure to routinely coordinate the information with your family calendar to avoid conflicts.
 7. **Organize schoolwork.** Make sure your child's keeping notes, homework, handouts, and graded assignments in separate folders in a binder. Try to check her backpack nightly and set a time aside each week to go through her binder and get things sorted.
 8. **Establish a homework routine.** Help your child make a "study hour" schedule and set up a comfortable workspace – whether her room or the kitchen table. Encourage her to stick to the schedule even when she doesn't have homework (She can read, review notes, or even do a crossword puzzle.)

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9. **Create a homework supply box.** Fill a box with office supplies and encourage your child to store pens, paper, measurement tools, and a calculator in it so he'll have what he needs on hand.
 10. **Cook together.** Cooking teaches measuring, following directions, sorting ingredients, and managing time — all key elements in organization. Involve your child in meal planning too, challenging her to help you put together a shopping list.
 11. **Cultivate an interest in collecting.** If your child has a particular interest, encourage him to create and organize the collection. It can even be something free — such as rocks or cancelled stamps — that he can sort, classify, and arrange.
 12. **Reward and provide support with organizational tasks.** Your child may find organizing a challenge, so help her develop her routine and give her a treat for jobs well done!

RESOURCES

GOVERNMENT RESOURCES

Web: www.cdc.gov/milestone	Centers for Disease Control and Prevention (CDC) CDC Learn the Signs Act Early Milestones Chart/ Developmental Milestones: Skills such as taking a first step, smiling for the first time, and waving "bye bye" are called developmental milestones. Children reach milestones in how they play, learn, speak, behave, and move (crawling, walking, etc.).
Web: www.cdc.gov/ncbddd	National Center on Birth Defects and Developmental Disabilities
Web: www.acf.hhs.gov/programs/ccb/providers/index.htm	Child Care Bureau Phone: 202-690-6782
Web: www.nichcy.org/states.htm	National Dissemination Center for Children with Disabilities
Web: www.ed.gov/index.html	Department of Education

Web: www.nccic.org	National Child Care Information Center Phone: 1-866-615-6464
Web: www.nimh.nih.gov	National Institute of Mental Health
STATE RESOURCES	
Web: www.insurekidsnow.gov	(SCHIP) State Health Insurance Program Phone: 1-877-KIDS-NOW
Web: http://www.state.nj.us/humanservices/ddd/	Department For Developmental Disabilities (DDD) Central office P.O. Box 726 Trenton, NJ 08625-0726 Phone: 1-800-832-9173
SPECIAL RESOURCES	
Web: www.aap.org	American Academy of Pediatrics Phone: 1-847-434-4000
Web: www.healthychildcare.org Email: childcare@aap.org	American Academy of Pediatrics' Healthy Child Care America

Web: www.ucsfchildcarehealth.org/index.htm	California Childcare Health Program Phone: 510-839-1195
Web: www.challengingbehavior.fmhi.usf.edu	Center for Evidence-Based Practice: Young Children with Challenging Behavior
Web: www.csefel.uiuc.edu	Center on the Social and Emotional Foundations for Early Learning
Web: www.cec.sped.org	Council for Exceptional Children Phone: 703-620-3660
Web: www.naeyc.org	National Association for the Education of Young Children (NAEYC) Phone: 1-800-424-2460
Web: www.nectac.org	Assistance Center National Early Childhood Technical
Web: www.nrc.uchsc.edu	National Resource Center for Health and Safety in Child Care (NRC) Phone: 1-800-598-KIDS [5437]
Web: www.p2pusa.org	Parent to Parent-USA

Web: www.zerotothree.org	Zero to Three Phone: 202-638-1144
Web: www.ucpa.org	United Cerebral Palsy Phone: 1-800-872-5827
Web: www.ninds.nih.gov	National Institute of Neurological Disorders and Stroke (NINDS)
Web: www.thearc.org	The Arc of the United States Phone: 1-301-565-3842
Web: www.brightfutures.aap.org/web/	American Academy of Pediatrics Bright Futures Phone: 1-847-434-4223
Web: www.asha.org	American Speech-Language- Hearing Association Phone: 1-800-638-8255
AUTISM SPECTRUM DISORDERS (ASD)	
Web: www.autismspeaks.org	Autism Speaks
Web: www.autism-society.org	Autism Society of America (ASA) Phone: 1-800-3-AUTISM
Web: www.autismcoalition.org	Autism Coalition Phone: 1-914-935-1462

Web: www.researchautism.org	Organization for Autism Research Phone: 1-703-351-5031
Web: www.djfiddlefoundatiopn.org	The Daniel Jordan Fiddle Foundation
Web: www.firstsigns.org	First Signs Phone: 1-978-346-4380
Web: www.nichd.nih.gov/autism	National Institute of Child Health & Human Development
Web: www.cdc.gov/nip/vacsafe/concerns/autism	CDC's National Immunization Program: "Vaccines and Autism" Internet Site
Web: www.noahsarkinstitute.org	Noah's Ark Institute

The following forms are designed for you to copy and insert into your organizational binder. Keep these in a safe and accessible place.

Document List:

1. **PARENT COMMUNICATION LOG:** Every time you speak with school or medical personnel on behalf of your child you should keep a record of the call. This log will help you keep track of those conversations.

-
2. **HEALTH INFORMATION DOSSIER:** A dossier of any type is a collection of information. Your Child's health dossier is a document where you have the names, addresses and phone numbers of important health professionals who help you with your child. Keep this information in a safe place.
 3. **SAMPLE LETTERS:** Requesting services in writing is a necessary step in receiving various services. Be sure to keep copies of all correspondence and send letters to recipients using a tracking service sure as registered mail.
 - A. Letter Requesting An Initial Evaluation
 - B. Letter Requesting IEP Services
 - C. Letter Requesting An Independent Evaluation
 - D. Letter Requesting Re- Evaluation
 4. **TASK CHART:** Creating a simple chart with daily tasks to follow is a great way to keep the established routine going and set goals with stars. For example: The child who gets seven stars first gets to pick out the dinner menu.

PARENT COMMUNICATION LOG

DATE	TYPE	Spoke With	Reason	Outcome

TYPE P = Phone E = Email L = Letter M = Meeting

Emergency and School Information

Emergency Services: 911 or

Poison Control Center: (800) 222-1222

Emergency Contact Information:

1)

2)

3)

4)

School Name:

Number:

Address:

Transportation Company:

Contact Name:

Number:

Activity List:

Medical History (Allergies, Medicines, Medical Problems, etc.):

Special Instructions (bedtime, diet restrictions, etc.):

1)

2)

3)

Other Emergency Info (including your home address/phone number):

Health Information Dossier

Your Child's Doctor:

Doctor's Number:

Doctor's Address:

Receptionist's Name:

Your Child's Dentist:

Dentist's Number:

Dentist's Address:

Receptionist's Name

Your Child's Therapist:

Therapist's Number:

Therapist's Address:

Receptionist's Name:

Health Insurance Information (Plan/Policy#, etc):

Medical History (Allergies, Medicines, Medical Problems, etc):

Special Instructions (information for doctors or therapists about your child):

1)

2)

3)

Other Emergency Info (including your home address/phone number):

Sample Parent Letter Requesting an Initial Evaluation

PARENT ADDRESS

PARENT PHONE NUMBER

DATE

CHILD STUDY TEAM MEMBERS

CHILD'S SCHOOL

ADDRESS

Dear :

I am formally requesting that the schools special education evaluation process begin at once, including initial assessment for eligibility. I understand that you will send me an assessment plan, which explains what tests may be given to my child.

Because I realize the assessment can take some time, I would appreciate receiving the assessment plan within ten days. Would you let me know when the assessment will be scheduled, once you receive my approval for the assessment?

I would also appreciate any other information regarding the assessment process, how eligibility is determined and the general I.E.P. process.

Thank you very much for your kind assistance. I look forward to working with you and your staff.

Sincerely,

PARENT NAME

cc: DIRECTOR OF SPECIAL SERVICES

FOR THE SCHOOL DISTRICT

Sample Letter Requesting IEP Services

PARENT ADDRESS

PARENT PHONE NUMBER

DATE

CHILD STUDY TEAM CASE MANAGER

CHILD'S SCHOOL

ADDRESS

Dear :

I am the parent of _____, whose date of birth is _____ and who is a student in the _____ grade.

I am writing because my child's IEP is not being implemented appropriately. The following services, supports, and accommodations, which are contained in my child's IEP, are not being provided:

or

I am writing because my child is having difficulty in school and is not making adequate progress under his or her current IEP. I am particularly concerned about the following:

Therefore, I request the following: _____

I understand that under state regulation, I am a member of the IEP team and that you must respond to my request within 20 calendar days of this letter. I further understand that when a meeting is required to make a determination and respond to my request, that the meeting must be conducted and a determination made within 20 calendar days. Please contact me to let me know the time and date of the meeting.

Should you have any questions about this request, please contact me.

Thank you.

Sincerely,

YOUR NAME

cc: DIRECTOR OF SPECIAL SERVICES FOR THE SCHOOL DISTRICT

Sample Parent Letter Requesting An Independent Evaluation

PARENT ADDRESS

PARENT PHONE NUMBER

DATE

CHILD STUDY TEAM MEMBERS

CHILD'S SCHOOL

SCHOOL'S ADDRESS

Dear :

I am the parent of _____, whose date of birth is _____ and who is a student in the _____ grade/program.

I am requesting that the school district agree to pay for an independent evaluation of my child. I believe _____ needs to be independently evaluated by the following specialists: (for example, School Psychologist, School Social Worker, Learning Disabilities Teacher-Consultant, Psychiatrist, Neurologist, Speech/Language Specialist, Physical Therapist.)

I understand that if the school district turns down my request for an independent evaluation, it must arrange for a due process hearing and prove to an administrative law judge that its evaluation was appropriate. I also understand that under state regulation you must respond to this request within 20 calendar days. I would appreciate it if you would contact me at your earliest convenience to let me know whether the independent evaluation will be provided or when a hearing will be scheduled.

Thank you.

Sincerely,

PARENT NAME

cc: DIRECTOR OF SPECIAL SERVICES
FOR THE SCHOOL DISTRICT

Sample Letter Requesting A Re-Evaluation

PARENT ADDRESS

PARENT PHONE NUMBER

DATE

CHILD STUDY TEAM CASE MANAGER

CHILD'S SCHOOL

ADDRESS

Dear :

I am the parent of _____, whose date of birth is _____
and who is a student in the _____ grade/program.

My child has not been doing well in school. In order to understand what changes may be needed in my child's special education program or services, I am requesting that _____ receive a complete re-evaluation.

I understand that under state regulation, I am a member of the evaluation team and that you must schedule a meeting with me to discuss the nature and scope of the evaluation within 20 calendar days of this letter. Please contact me to let me know the time and date of the meeting.

Should you have any questions about this request, please contact me.

Thank you.

Sincerely,

PARENT NAME

cc: DIRECTOR OF SPECIAL SERVICES

FOR THE SCHOOL DISTRICT

TASK CHART	MON	TUE	WED	THU	FRI	SAT	SUN
							
Task Here							
Set Table							
Pick Up Toys							
Brush Teeth							
Comb Hair							
Dress							
This Chart Belongs To:							