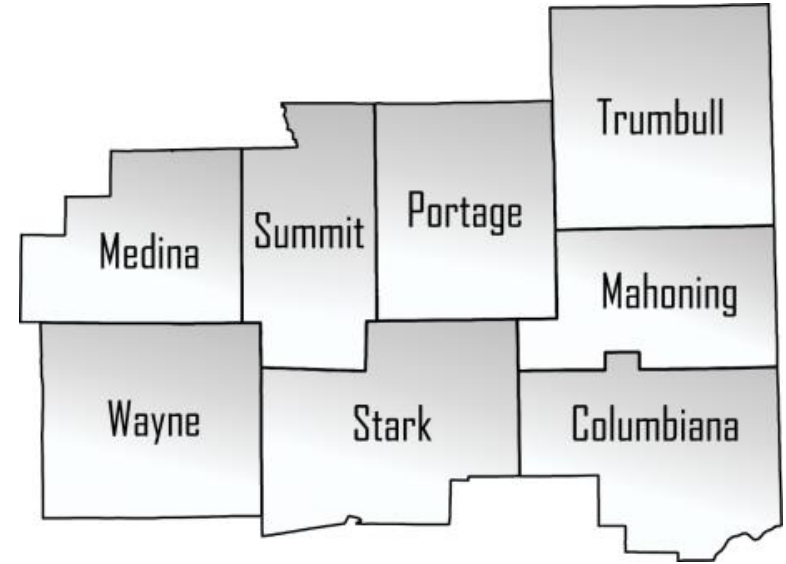


*Community*  
**LEGAL AID**

## Non-profit law firm...

- Provide free legal services
- Help navigate complex legal system
- Advocate for rights/needs of low-income residents
- Partner with others serving similar populations



# How to reach us...



- HelpLine during call-in hours at (800) 998-9454



- Apply online 24/7 at [www.communitylegalaid.org](http://www.communitylegalaid.org).



- Workshops and clinics that are open to the public



- Referrals from community partners

# What we help with . . .



## Housing

Access to housing & utilities  
Evictions  
Foreclosures  
Land contracts  
Subsidized housing  
Conditions issues



## Family

Divorce  
Domestic violence  
Custody & visitation  
Child & spousal support  
Immigration



## Employment

Sealing criminal records  
Certification for Qualification for  
Employment  
Small business start-ups  
Changing veteran's status



## Financial

Social Security  
Food stamps & Ohio Works First  
Unemployment benefits  
Bankruptcy & debt collection  
issues  
Tax issues  
Estate planning (wills and POAs)



## Health

Access to Medicaid and Medicare  
Private health insurance  
problems



## Education

Barriers to education  
IEPs and 504 plans

Note: We do not handle criminal cases or traffic violations.

*Community*

LEGAL AID

# Our Education Law Experience

- 1. Advising parents about education-related issues (bullying, school counseling services, homelessness, etc.)**
- 2. Advocating for development of special education plans (IEPs, behavior intervention plans, sensory intervention plans)**
- 3. Advocating for accommodations through 504 Plans**
- 4. Negotiating for comprehensive evaluations (either conducted by the school or third parties) to diagnose educational problems**
- 5. Representing families at Disciplinary Hearings (Suspensions and Expulsions) and related meetings**
- 6. Dispute resolution through the Ohio Department of Education**
- 7. Representing parents at IEP and 504 plan meetings**

# Today's Topic: Special Education



# Agenda

- Overview of Special Education
- Difference between 504s & IEPs
- Evaluations
- Common pitfalls during the evaluation process
- What is included in an IEP
- Common pitfalls during the IEP development process
- Your rights and options to resolve disputes with schools
- Tips and best practices for advocating for your child

# OVERVIEW OF SPECIAL EDUCATION



# What is “Special Education”

It is **specially designed instruction** that meets the **unique** needs of a child with a disability.

- The “specially designed” component could include:
  - Instruction conducted in the classroom, in the home, in hospitals and institutions, and other settings;
  - Instruction in physical education;
  - Speech-language pathology, OT services, or any other related service; and
  - Vocational education
- The scope of “unique” services is determined based on the school’s evaluation of the child’s needs.

# The History of Special Education

Prior to the 1960s, there was no special education law in the United States for children with learning disabilities.

- Parents educated their children at home or students attended a private school (often an expensive specialized school)
- In 1970, for example, schools educated only **one in five** students with a disability.
  - More than 1 million students were excluded from public schools.
  - Another 3.5 million did not receive appropriate services.
  - Almost 200,000 children were institutionalized.

Source: U.S. Department of Education, Thirty Years of Progress in Educating Children with Disabilities Through IDEA  
<https://www2.ed.gov/policy/speced/leg/idea/history30.html>

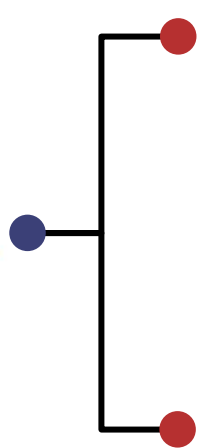
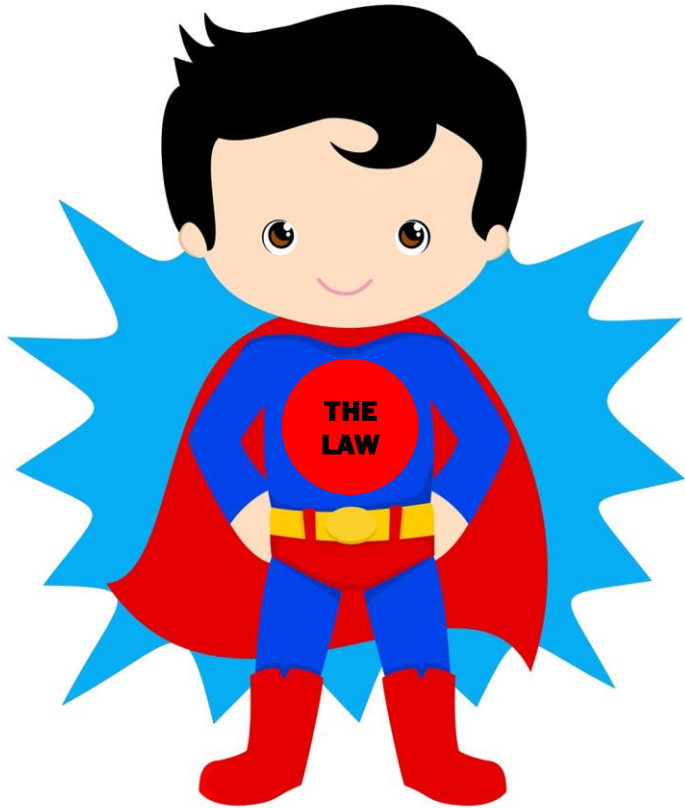
# Creation of Federal & State Regulations

## Federal:

- Education for All Handicapped Children Act (Public Law 94-142) in 1975
  - This law has evolved overtime and is now called the Individuals with Disabilities Education Improvement Act (IDEA)
- American with Disabilities Act (ADA)
- Every Student Succeeds Act (ESSA) & No Child Left Behind

## State:

- State legislation - Ohio Revised Codes (ORC)
- State rules - Ohio Administration Codes (OAC)
- Ohio Department of Education - Ohio Operating Standards for the Education of Students with Disabilities



**Inclusion**

**Special Protections**

# IDEA as of 2004

Requires:

1. Free, appropriate public education (FAPE)

- Free - at no cost to the parents
- Appropriate - suited to the unique needs of the child
- Public - provided by the public district
- Education - school age 3-21

2. Least restrictive environment (LRE)

- “To the maximum extent appropriate....educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs **only** when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. 20 U.S.C. § 1412(a)(5).

Ohio’s regulations and statutes build off these requirements, among others. These are two key concepts in Special Education Law.



# Child Find – OAC 3301-51-03

- This regulation requires that each public school district ensure all children from birth through age 21 with disabilities residing within the district be identified, located, and evaluated as required by the IDEA.
- This law means that schools must find and evaluate children with disabilities within their borders, including those who are:
  - Homeless children;
  - Wards of the state;
  - Attending nonpublic school;
  - Children who are suspected of being a child with a disability and in need of special education, even though they are advancing from grade to grade;
  - Highly mobile children, including migrant children; and
  - Children enrolled by their parents in private schools, including religious schools.
- It also applies to students who are homeschooled. Contact the school psychologist at the building your child would attend if he/she were enrolled to request an evaluation. Typically, the only time homeschooled students receive special education is if they are eligible for the Jon Peterson or Autism Scholarships.

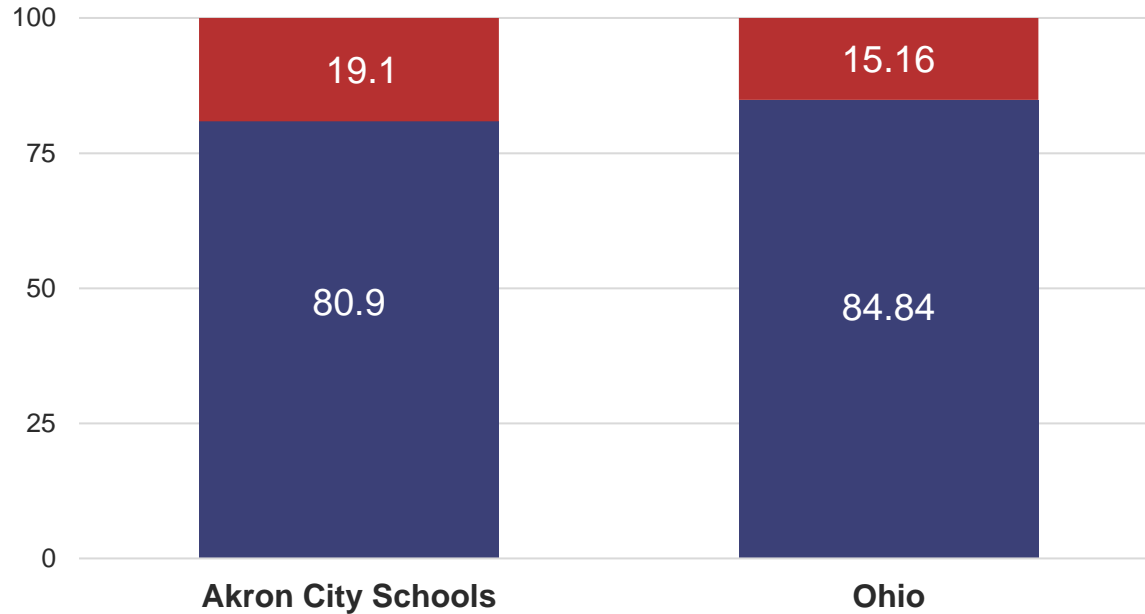
# Successes of New Laws and Regulations

## Examples of Accomplishments

- The majority of children with disabilities are now being educated in their neighborhood schools in regular classrooms with their non-disabled peers.
- High school graduation rates and employment rates among youth with disabilities have increased dramatically. For example, graduation rates increased by 14 percent from 1984 to 1997. The numbers have continued to climb.
- Post-secondary enrollments among individuals with disabilities receiving IDEA services have also sharply increased. For example, the percentage of college freshmen reporting disabilities has more than tripled since 1978.

Source: US Department of Education, Twenty-Five Years of Progress in Educating Children with Disabilities Through IDEA  
<https://www2.ed.gov/policy/speced/leg/idea/history.html>

## Percent of Students with Disabilities (2017 - 2018)



■ Not Students with Disabilities ■ Students with Disabilities

This means about 4,075 APS (1/5) students have a disability.



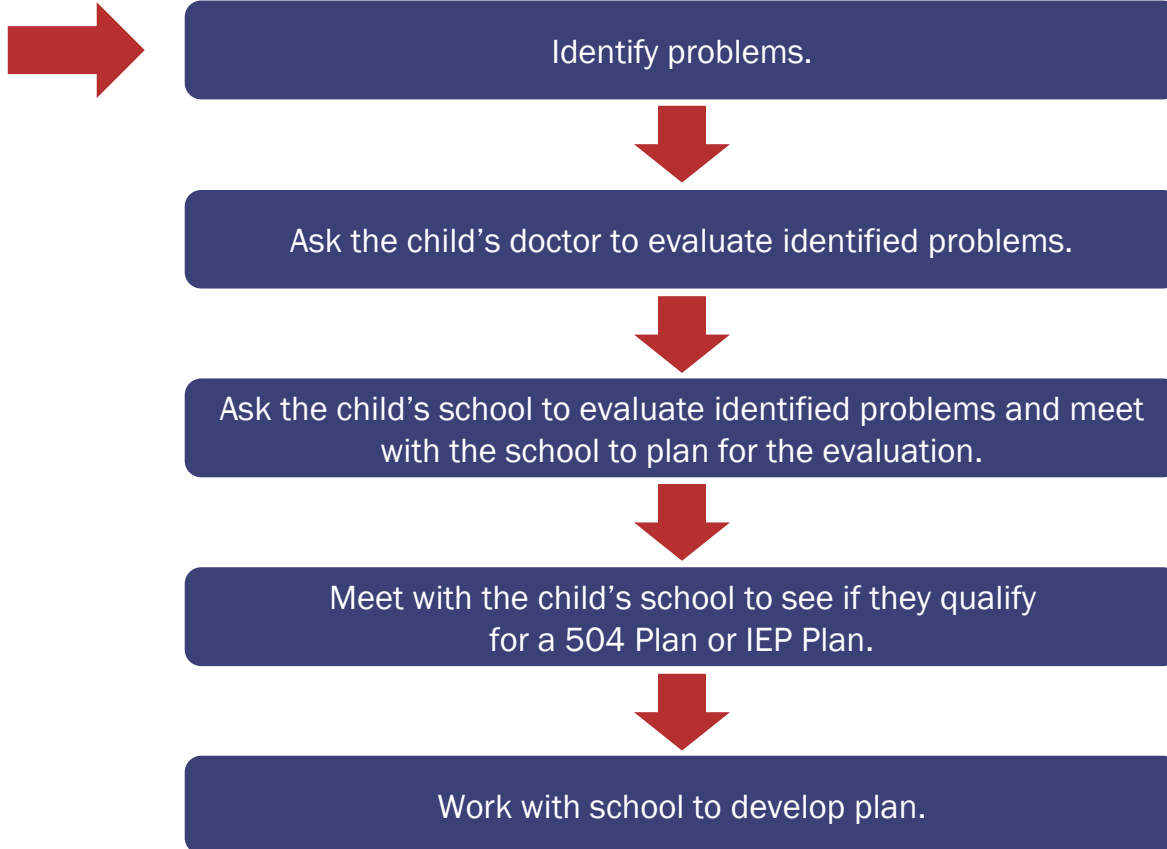
## INDIVIDUALIZED EDUCATION PROGRAM (IEP)

## 504 PLAN

Governed by the Individuals with Disabilities Education Act.	Governed by the American with Disabilities Act.
Provides specialized instruction or services. It has specific goals that a team monitors.	Provides changes in the general education classroom to overcome barriers, but no direct services (typically)
Monitored yearly.	Does <u>not</u> require a yearly review
A parent must be invited to the yearly meeting.	A parent does not have to be invited when it is reviewed.
Requires the child to have one of 14 specific disabilities listed under the IDEA to qualify for services.	Requires the child to have a disability but does not require it fall into one of the specific disability categories of the IDEA.
A child is eligible for an IEP if they have a mental or physical condition that <u>interferes with learning</u>	A child is eligible for a 504 Plan if they have a mental or physical impairment that <u>substantially limits one or more life activities.</u>

# EVALUATIONS

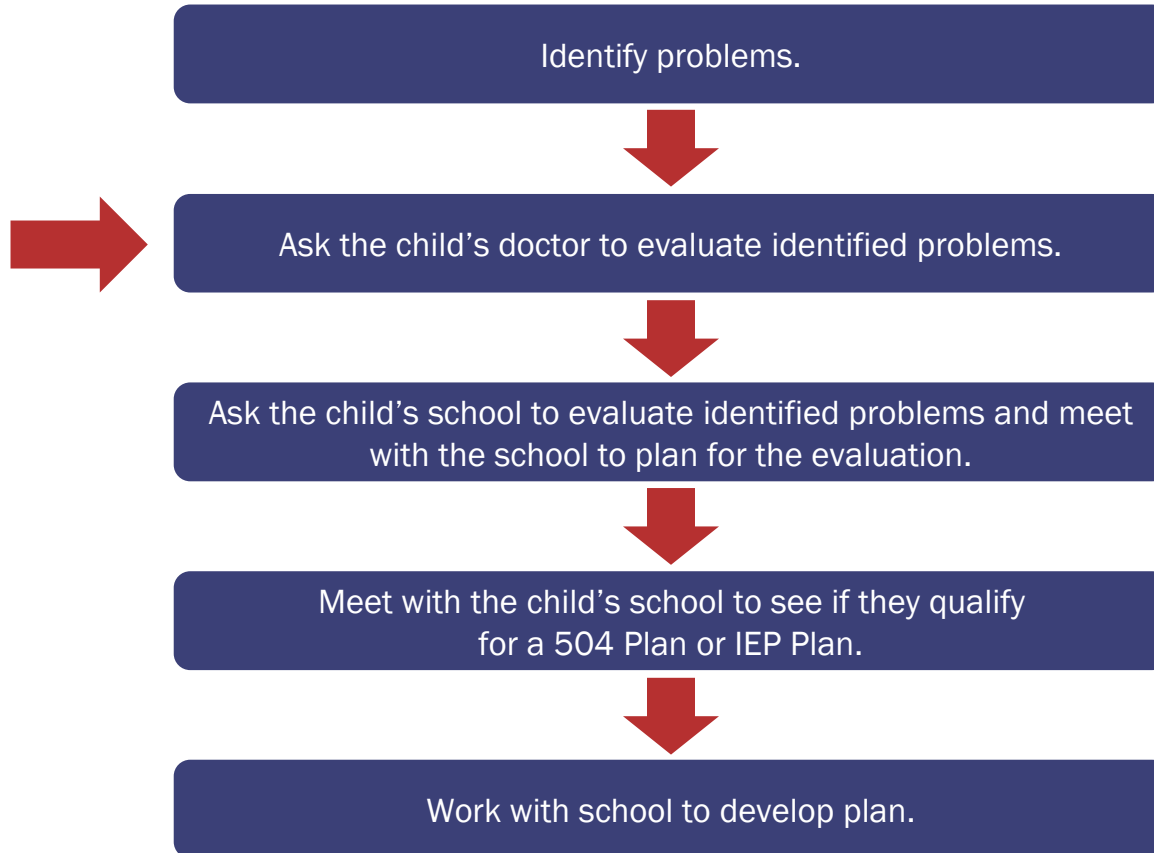
# How can I help **MY CHILD** receive a 504 Plan or IEP Plan?



## WHAT PROBLEMS ARE YOU SEEING?

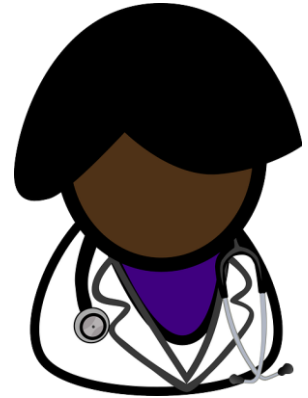
- Always tired
- Being bullied
- Cannot cope with change
- Cannot make friends
- Does not ask for help
- Does not follow directions
- Does not like to be touched
- Easily distracted
- Feeling sad or has no interests
- Feeling worried or nervous
- Fidgets
- Forgets information
- Frequently cries or has outbursts
- Gets confused easily
- Has trauma
- Has trouble studying
- Is sick a lot
- Mental health problems
- Needs frequent breaks
- Needs occupational therapy
- Needs physical therapy
- Not meeting grade level
- Other \_\_\_\_\_
- Other
- Overwhelmed in school
- Poor grades despite trying hard
- Shows a lot of aggression
- Struggles in large groups
- Struggles on written assignments
- Struggles taking tests
- Struggles to finish assignments
- Struggles with good behavior
- Struggles with multiple choices
- Struggles with multiple tasks
- Trouble communicating
- Trouble comprehending
- Trouble concentrating
- Trouble hearing
- Trouble managing emotions
- Trouble managing time
- Trouble seeing
- Trouble speaking
- Trouble with a certain subject
- Trouble with handwriting
- Trouble with homework
- Trouble with organization

# How can I help **MY CHILD** receive a **504 Plan** or **IEP Plan**?



# HAVE YOU ASKED YOUR CHILD'S DOCTORS ABOUT THE PROBLEMS?

- Doctors are a resource when you are trying to understand why your child is struggling in school.
- Your child's health problems may be affecting them in school.
- A doctor can diagnose your child and help the school understand what your child's health needs are.
- A doctor can give the school information about your child's health needs in school.



I have talked to my child's doctor or plan to talk to my child's doctor.

## DOES YOUR CHILD HAVE MEDICAL CONDITIONS THAT AFFECTS THEIR EDUCATION?

- Addiction Disorder**
- Allergies**
- Arthritis**
- Asthma**
- Attention Deficit Disorder (ADD)**
- Attention-Deficit Hyperactivity Disorder (ADHD)**
- Auditory Processing Disorder**
- Autism**
- Bi-Polar Disorder**
- Blindness**
- Cancer**
- Cerebral Palsy**
- Conduct Disorder**
- Deafness / Hearing Impaired**
- Depression**
- Developmental Delay**
- Diabetes**
- Down Syndrome**
- Dyscalculia**
- Dysgraphia**
- Dyslexia**
- Epilepsy / Seizures**
- Other** \_\_\_\_\_
- Other**
- Frequent Ear Infections**
- Heart Conditions**
- Hemophilia**
- Inflammatory Bowel Disease**
- Language Processing Disorder**
- Lead Poisoning**
- Learning Disorder**
- Lisping**
- Loss of function of a body part**
- Low IQ / Intellectual Disability**
- Mental Health Disorder**
- Narcolepsy / Night Terrors**
- Obsessive Compulsive Disorder (OCD)**
- Oppositional Defiance Disorder (ODD)**
- Post-Traumatic Stress Disorder (PTSD)**
- Scoliosis**
- Sickle Cell Anemia**
- Skin Conditions**
- Speech Delay**
- Stuttering / Stammering**
- Traumatic Brain Injury**
- Thyroid Disorder**

# Medical Diagnosis vs. Educational Diagnosis

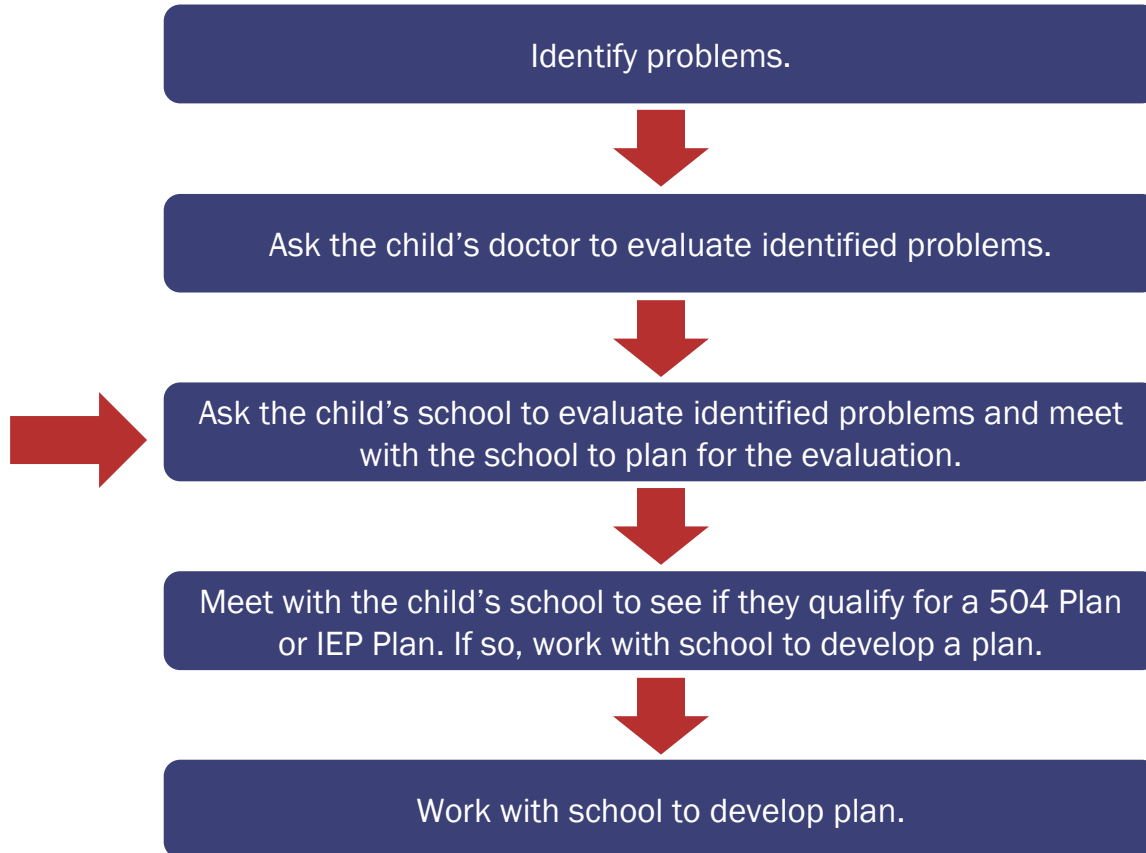
## Medical Diagnosis

## Educational Diagnosis

What it refers to	A medical condition that affects the child's life	A health impairment that interferes with learning
Who makes determination	Decided by a qualified clinical professional	Decided by a school team
Basis for using term	Based on DSM-5	Based on federal and state laws
Purpose behind term	To understand the cause of symptoms and to guide decisions on treatment.	Determines if a child is eligible for special education and related supports and services.
Evaluation process	The evaluation process involves physical exam and other testing.	The evaluation process involves observation in classroom.
Cost	Parent or insurance pays	School pays
How they relate to each other	The clinician may gather information from school and consider how a diagnosis will affect school.	The ETR team might consider clinical information when making its determination.



# How can I help **MY CHILD** receive a **504 Plan** or **IEP Plan**?



# HAVE YOU ASKED YOUR CHILD'S SCHOOL ABOUT THE PROBLEM?



- A school can assess the problems the child is having in school.
- The school will do a variety of assessments to figure out whether the child has a disability and identify his or her educational needs.
- The findings are summarized in an Evaluation Team Report (ETR) if the school suspects the child has a need qualifying for services under IDEA.
- The findings are summarized in a Section 504 Plan evaluation if the school suspects the child has a need qualifying for accommodations under the ADA.

# HOW TO ASK FOR AN EVALUATION

[Parent Name]  
[Parent Address]

[Date]

Principal [Name of Principal]  
[Name of School]  
[Address of School]

Re: [Name of Child], [Child's Date of Birth]  
[Grade], [Classroom]  
Requesting Evaluation for Special Education Services

Dear Principal [Name of Principal]:

My child goes to your school. My child is having some problems in school and needs help. My child has diagnoses of [describe diagnoses].

I would like the school to conduct an evaluation of my child to see if my child needs special education services or a 504 plan. The following difficulties support my concern in regards to my child's problems in school:

- [Example 1] My child is struggling to read. My child has poor grades in reading.
- [Example 2] My child is struggling to concentrate in class and is not able to sit still in the classroom.
- [Example 3] My child is struggling to finish homework on time.
- [Example 4] My child is struggling with math, has poor test scores in math, and struggles with math homework.

My child is also having behavior issues. I am asking a functional behavioral assessment be part of the evaluation for special education services. I believe my child's behaviors make learning difficult. Please use this letter as proof of a formal request and my consent for testing. The following difficulties support my concern about my child's behavior:

- [Example 1] My child uses aggression to cope with situations that are stressful.
- [Example 2] My child is struggling to concentrate in class and is not able to sit still in the classroom.
- [Example 3] My child is struggling to finish homework on time.

## IDENTIFY

- yourself
- the child
- who you are writing to
- your purpose

## EXPLAIN

- the purpose of your letter
- the child's medical condition
- How the child's medical condition is getting in the way of their learning.

## BEHAVIOR (OPTIONAL)

- Ask for a functional behavior assessment
- Identify and explain behaviors of concern
- Explain how that behavior is getting in the way of the child's learning

Please have the results of the functional behavior assessment available for our next meeting. The functional behavior assessment will be useful in deciding what positive behavioral interventions and supports my child needs. I expect to be included in the functional assessment of behavior. I would like to actively participate as a member of my child's special education team to develop a behavior intervention plan. Please contact me when scheduling so I can plan to be there.



ASK TO BE INCLUDED (OPTIONAL)

I understand the school must answer this request, in writing, within 30 calendar days. My address is listed at the top of this letter, or you may call me at \_\_\_\_\_.



ASK THEM TO CONTACT YOU

If my child has been suspended or expelled, please expedite this request. I think the behavior that led to the discipline issue is a manifestation of my child's disabilities.



ASK THEM TO SPEED UP THE PROCESS (OPTIONAL)

I look forward to working with the school to improve my child's education. Thank you for your attention in this matter.

- If the child was expelled/suspended for more than 10 days, you can ask to expedite the process

Sincerely,



SIGN

\_\_\_\_\_  
[Signature of Parent]

# Evaluation Planning Form for IEPs

- The school will respond to your letter by asking for a meeting to plan the evaluation.
- The first meeting is called a planning meeting.
- You will go through the Evaluation Planning Form Section.
- The evaluation planning form is different for preschool students and school age students.
- This form lists the suspected disability or disabilities of the child.
- These are the forms for IEP testing.

## PRESCHOOL EVALUATION PLANNING FORM *(Required)*

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DATE OF PLAN: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

TEAM CHAIRPERSON: \_\_\_\_\_

INITIAL EVALUATION  
 REEVALUATION  
 TRANSITION FROM PART C

**SUSPECTED DISABILITY CATEGORY** (may check more than one)

<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Deaf-blindness	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Speech or Language Impairment
<input type="checkbox"/> Deafness	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Traumatic Brain Injury
			<input type="checkbox"/> Visual Impairment

Developmental Delay - If selecting only this category, the team has considered the disability categories above and determined that they are not applicable to the child. See [3301-51-11\(C\)\(6\)\(b & d\)](#)

## SCHOOL AGE EVALUATION PLANNING FORM *(Required)*

DATE OF PLAN: \_\_\_\_\_  INITIAL EVALUATION  REEVALUATION

CHILD'S NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TEAM CHAIRPERSON: \_\_\_\_\_

TEAM MEMBERS: \_\_\_\_\_

SUSPECTED DISABILITY(IES): \_\_\_\_\_

# Evaluation Planning Form for IEPs

Understanding the evaluation

- For Pre-school students, this section goes through 8 developmental areas.
- All 8 areas must be assessed by the team.

SEE OPERATING STANDARDS 3301-51-11 (C)(3)			ASSESSMENT METHODS/DATA SOURCES <i>(Indicate the position responsible for assessment and/or data collection, and report.)</i>				
DEVELOPMENTAL AREAS (Required for all)	EXISTING DATA AVAILABLE	ADDITIONAL DATA NEEDED	Structured Interview	Structured Observations *	Norm-Referenced Assessments	Criterion-Referenced Assessments	Data from Part C and/or Community or Preschool Program Provider**
ADAPTIVE BEHAVIOR	<input type="checkbox"/>	<input type="checkbox"/>					
COGNITION (including pre-academic)	<input type="checkbox"/>	<input type="checkbox"/>					
COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/>					
HEARING	<input type="checkbox"/>	<input type="checkbox"/>					
VISION	<input type="checkbox"/>	<input type="checkbox"/>					
SENSORY/MOTOR FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
SOCIAL/EMOTIONAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
BEHAVIORAL FUNCTIONING	<input type="checkbox"/>	<input type="checkbox"/>					
<b>SPECIALIZED ASSESSMENTS:</b> Required in some situations, see <a href="#">3301-51-06 (E)(3)(i)</a> and <a href="#">3301-51-06 (H)</a> .							
PHYSICAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
VISION EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
AUDIOLOGICAL EXAMINATION	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					

# Evaluation Planning Form for IEPs

## Understanding the evaluation

- For school age students, the planning form lists 20 different areas related to suspected disabilities. These areas are not required.
- For children of all ages, the person who is responsible for collecting the data is listed on the form.
- **Pay attention** to whether the school says it has enough data, or whether it will do more testing.

ASSESSMENT AREAS RELATED TO SUSPECTED DISABILITY (IES)	Data for Review	PERSON RESPONSIBLE FOR ASSESSMENT AND REPORT
Information Provided by Parent		
General Intelligence		
Academic Skills		
Classroom-based Evaluations and Progress in the General Curriculum		
Data from Interventions		
Communicative Status		
Vision		
Hearing		
Social Emotional Status		
Physical Exam/General Health		
Gross Motor		
Fine Motor		
Vocational/Transition		
Background History		
Observations		
Behavior Assessment		
Adaptive Behavior		
Braille Needs		
Audiological Needs		
Assistive Technology Needs		
Other:		

# Planning Form for 504 Plan

- The 504 planning forms look like the IEP planning forms
- Most schools have their own form; some use the State of Ohio's forms created by the Department of Education

## Section 504 Evaluation

### 1 TEAM SUMMARY REPORT

**Sources of information considered by the Section 504 Team:**

- |   |  |
|---|--|
| <input type="checkbox"/> Parent Recommendation                  | <input type="checkbox"/> Medical/Professional Report       |
| <input type="checkbox"/> Educational Evaluation/Performance     | <input type="checkbox"/> Behavioral Evaluation/Performance |
| <input type="checkbox"/> Teacher Observation/Recommendation     | <input type="checkbox"/> Student Work Samples              |
| <input type="checkbox"/> Ineligibility For Services Under IDEIA |  |
| <input type="checkbox"/> Other _____                            |  |

**Summary of data and evaluation information that was presented**

**Section 504 Team Determinations:**

**A. The student has a physical or mental impairment:**

YES       NO

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Allergy _____                   | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Multiple Sclerosis              |
| <input type="checkbox"/> Asthma                          | <input type="checkbox"/> Dyslexia                  | <input type="checkbox"/> Muscular Dystrophy              |
| <input type="checkbox"/> Attention Deficit Disorder/ADHD | <input type="checkbox"/> Emotional Illness         | <input type="checkbox"/> Orthopedic Impairment           |
| <input type="checkbox"/> Brain Injury                    | <input type="checkbox"/> Epilepsy                  | <input type="checkbox"/> Recovering Chemically Dependent |
| <input type="checkbox"/> Cancer                          | <input type="checkbox"/> Hearing Impairment        | <input type="checkbox"/> Seizures                        |
| <input type="checkbox"/> Cerebral Palsy                  | <input type="checkbox"/> Heart Disease             | <input type="checkbox"/> Speech Impairment               |
| <input type="checkbox"/> Developmental Aphasia           | <input type="checkbox"/> Minimal Brain Dysfunction | <input type="checkbox"/> Visual Impairment               |
| <input type="checkbox"/> Other: _____                    |  |  |

**List attached sources of documentation:**

**B. Identify any major life activities that are limited.**

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Hearing                 | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Breathing                    | <input type="checkbox"/> Learning                | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Caring For Oneself           | <input type="checkbox"/> Lifting                 | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Communicating                | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Concentrating                | <input type="checkbox"/> Reading                 | <input type="checkbox"/> Walking  |
| <input type="checkbox"/> Eating                       | <input type="checkbox"/> Seeing                  | <input type="checkbox"/> Working  |
| <input type="checkbox"/> Major Bodily Functions _____ |  |                                   |
| <input type="checkbox"/> Other: _____                 |  |                                   |



# WHAT SHOULD YOU BRING TO THE PLANNING MEETING?

Anything you have that would be helpful to the group in understanding your child's needs. This can include:

- Medical records
- Outside testing
- Samples of your child's work
- Other helpful documents

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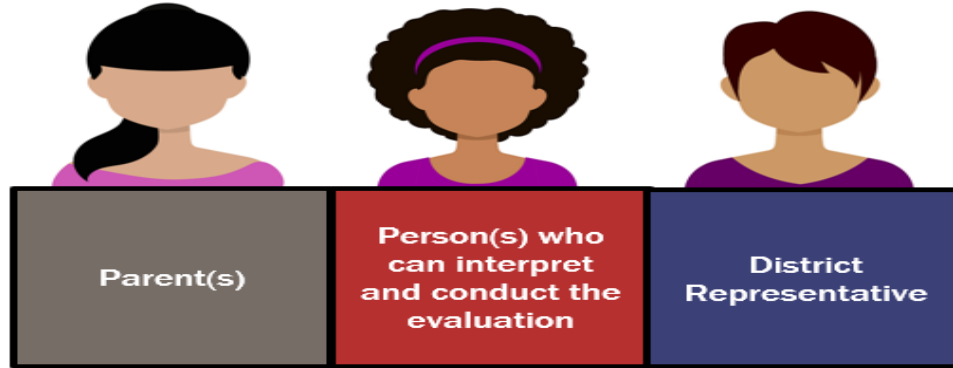
# WHO IS ON THE EVALUATION TEAM FOR IEPs?



**The IEP Evaluation Team decides which team member is responsible for each assessment. The team will use the information from the assessments to create the Evaluation Team Report.**

- **Ohio Admin. Code 3301-51-01(B)(21).**

# WHO IS ON THE EVALUATION TEAM FOR 504s?



**504 evaluation teams are typically smaller. The student doesn't need to have the full evaluation that's required for an IEP. So, the evaluation might include:**

- **A review of the student's work**
- **A review of medical records and evaluation reports**
- **Direct observation**
- **Interview with the student, parent, and school personnel**

# TIMELINE FOR AN EVALUATION FOR AN IEP

## Request

Parent or school asks for an evaluation of the student.

## ETR Meeting

The school has 60 days to finish testing, create the Evaluation Team Report (ETR), and meet to decide if the child qualifies for an IEP.



## Decision to Test

The school has 30 days to decide if it will test. You will be invited to the Planning Meeting.

## IEP Meeting

Within 30 days of the ETR meeting, the team must meet to develop the IEP for the child.

*\*504 evaluations and development tend to occur much faster because the testing is less involved* 36

# The Results

## **“Evaluation Team Report” (ETR) for IEPs:**

- **Evaluation Planning Form (Preschool or School Age)**
- ① **Individual Evaluator’s Assessment**
- ② **Team Summary**
- ③ **Specific Learning Disability Documentation for Determination**
- ④ **Eligibility**
- ⑤ **Signatures**

**The 504 Plan evaluation form includes similar information.**

# WHAT HAPPENS IF I DO NOT AGREE WITH THE SCHOOL'S EVALUATION?

## 5 SIGNATURES

### DATES

DATE OF MEETING: \_\_\_\_\_

DATE OF LAST ETR: \_\_\_\_\_

REFERRAL DATE: \_\_\_\_\_

### EVALUATION TEAM

The names, titles and signatures below identify the members of the evaluation team and indicate whether or not each team member is in agreement with the conclusions of the report.

NAME	TITLE (No Abbreviations)	SIGNATURE	DATE	STATUS
				<input type="checkbox"/> Agree <input checked="" type="checkbox"/> Disagree

## WHAT HAPPENS IF I DISAGREE WITH THE EVALUATION?

There are many different ways to solve a disagreement with the school.

Talk to an advocate

Community Legal Aid can help walk you through the issue.

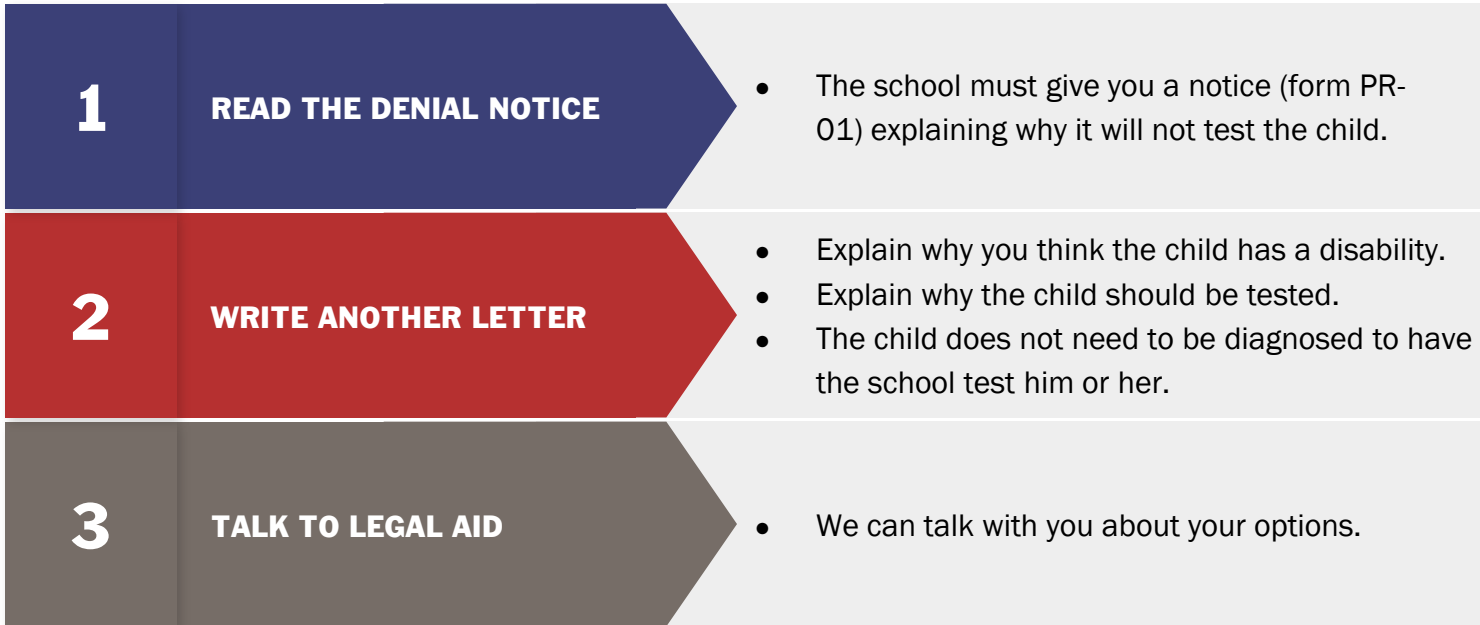
Talk to the Ohio Department of Education

Dispute resolution options are available

Request an Independent Educational Evaluation

The request should be in writing but there are no magic words necessary.

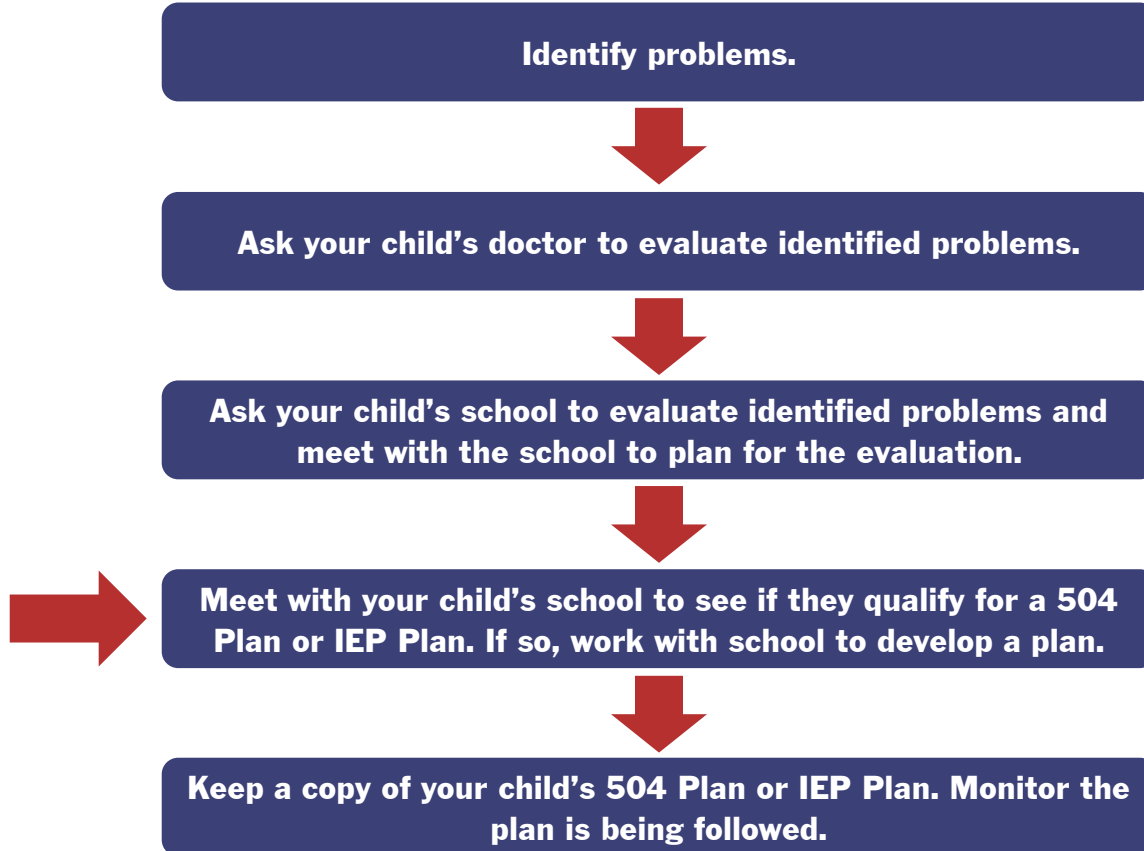
# WHAT HAPPENS IF THE SCHOOL WILL NOT TEST A CHILD FOR AN EVALUATION TEAM REPORT (ETR)?



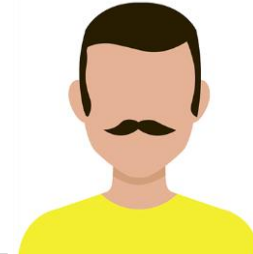


# DEVELOPING AN INDIVIDUALIZED EDUCATION PROGRAM (IEP)

# How can I help **MY CHILD** receive a **504 Plan** or **IEP Plan**?



# WHO DEVELOPS THE IEP?



Special  
Education  
Teacher

School District  
Representative

Any other  
individuals with  
expertise  
regarding child

The parent(s)  
and, if  
appropriate, the  
child

Others invited  
by parent or  
school  
(including  
advocates)

Person(s) who  
can interpret  
the evaluation

General  
Education  
Teacher

**This IEP team will use the information from the Evaluation Team Report (ETR) to create the Individualized Education Program.**

# What goes into an IEP?

- 1 Future Planning
- 2 Special Instructional Factors
- 3 Profile
- 4 Extended School Year Services
- 5 Postsecondary Transition
- 6 Measurable Annual Goals
- 7 Descriptions of Specially Designed Services
- 8 Transportation as a Related Service
- 9 Nonacademic and Extracurricular Activities
- 10 General Factors
- 11 Least Restrictive Environment
- 12 Statewide and District Wide Testing
- 13 Exemptions
- 14 Meeting Participants
- 15 Signatures
- 16 Children with Visual Impairments

# Common Problems

- 1 Future Planning
- 2 **Special Instructional Factors**
- 3 Profile
- 4 Extended School Year Services
- 5 Postsecondary Transition
- 6 **Measurable Annual Goals**
- 7 **Descriptions of Specially Designed Services**
- 8 Transportation as a Related Service
- 9 Nonacademic and Extracurricular Activities
- 10 General Factors
- 11 **Least Restrictive Environment**
- 12 Statewide and District Wide Testing
- 13 Exemptions
- 14 Meeting Participants
- 15 **Signatures**
- 16 Children with Visual Impairments

## 2 SPECIAL INSTRUCTIONAL FACTORS

- **These factors can have a substantial effect on a student's ability to learn.**
- **If one box is checked yes, it must be addressed in the IEP.**
- **Make sure the IEP team considers each factor.**

### 2 SPECIAL INSTRUCTIONAL FACTORS

Items checked "YES" will be addressed in this IEP:

Does the child have behavior which impedes his/her learning or the learning of others? YES  NO

Does the child have limited English proficiency? YES  NO

Is the child blind or visually impaired? YES  NO

Does the child have communication needs (required for deaf or hearing impaired)? YES  NO

Does the child need assistive technology devices and/or services? YES  NO

Does the child require specially designed physical education? YES  NO

## 2 SPECIAL INSTRUCTIONAL FACTORS

Does the child have behavior which impedes his/her learning or the learning of others? YES  NO

**Ask the school positive behavioral interventions and supports (PBIS)**

**Ask the school for a Functional Behavior Assessment (FBA)**

- **List the behaviors of concern**
- **Talk to a doctor**
- **Talk to the child's school**

**Antecedent:**  
What happened  
before the behavior  
of concern?

**Behavior:**  
Identify the  
behavior of concern  
for the child?

**Consequence:**  
What happened  
after the behavior  
of concern?

## 2 SPECIAL INSTRUCTIONAL FACTORS

Does the child have behavior which impedes his/her learning or the learning of others? YES  NO

### **Absenteeism is a common behavior for students with disabilities**

- **22.5% of all students with disabilities experience chronic absenteeism according to the Ohio Department of Education.**
- **Students with disabilities who are 1.5 times more likely to be chronically absent than students without disabilities.**
- **Many schools in Ohio are required to intervene an “absence intervention team” to establish a student-centered absence intervention plan to identify specific barriers and solutions to attendance.**
- **This problem has been linked to poor outcomes later in life, from poverty and diminished health to involvement in the criminal justice system. It is not a ground to deny an ETR.**



## 6

# MEASURABLE ANNUAL GOALS

- This section looks small on the IEP form, but it is one of the most important sections.
- This section has several important parts:
  - **Present Level:** Records your child's current level of achievement
  - **Measurable Annual Goals:** Sets annual goals for improvement
  - **Methods:** Decides the way progress will be tracked
  - **Measurable Objectives:** Sets the benchmarks that will be measured to see how your child is progressing
  - **Frequency of Written Progress Reporting:** Says how often the school will let you know about your child's progress
- This section should be repeated for each area in which your child receives help.

## 6 MEASURABLE ANNUAL GOALS

NUMBER: 1 AREA: \_\_\_\_\_

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

--

MEASURABLE ANNUAL GOAL

--

METHOD(S) FOR MEASURING THE CHILD'S PROGRESS TOWARDS ANNUAL GOAL

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> A. Curriculum-Based Assessment | <input type="checkbox"/> E. Short-Cycle Assessments | <input type="checkbox"/> I. Work Samples |
| <input type="checkbox"/> B. Portfolios                  | <input type="checkbox"/> F. Performance Assessments | <input type="checkbox"/> J. Inventories  |
| <input type="checkbox"/> C. Observation                 | <input type="checkbox"/> G. Checklists              | <input type="checkbox"/> K. Rubrics      |
| <input type="checkbox"/> D. Anecdotal Records           | <input type="checkbox"/> H. Running Records         |  |

MEASURABLE OBJECTIVES

NUM	OBJECTIVE

FREQUENCY OF WRITTEN PROGRESS REPORTING TOWARD GOAL MASTERY TO THE CHILD'S PARENTS

*Note: Progress Reports must be provided to parents of a child with a disability at least as often as report cards are issued to all children. If the district provides interim reports to all children, progress reports must be provided to all parents of a child with a disability. See OP-6A Progress Report form.*

Reported every  weeks

## 7

# DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

- Lists the services that a child will receive that help him or her meet their IEP goals
- A child may not need services under every part of the section

## 7 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE		GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
SPECIALLY DESIGNED INSTRUCTION:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
RELATED SERVICES:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
ASSISTIVE TECHNOLOGY:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	
ACCOMMODATIONS:				
BEGIN:	END:			
MODIFICATIONS:				
BEGIN:	END:			
SUPPORT FOR SCHOOL PERSONNEL:				
BEGIN:	END:			
SERVICE(S) TO SUPPORT MEDICAL NEEDS:				
BEGIN:	END:			

## 7

# DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

## Specially Designed Instruction

- **Describes how the instruction given to a student with an IEP is different from instruction given to his or her non-disabled classmates**
- **Examples include:**
  - **frequent breaks**
  - **small group work**
  - **a different classroom**
  - **special curriculum**
- **Compare the amount of time and frequency per goal to last year's and ask the school to explain any changes.**

## 7

## DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE	GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
SPECIALLY DESIGNED INSTRUCTION:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
RELATED SERVICES:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
ASSISTIVE TECHNOLOGY:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
ACCOMMODATIONS:			
BEGIN:	END:		
MODIFICATIONS:			
BEGIN:	END:		
SUPPORT FOR SCHOOL PERSONNEL:			
BEGIN:	END:		
SERVICE(S) TO SUPPORT MEDICAL NEEDS:			
BEGIN:	END:		

## 7

# DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

## Related Services

- **Services that support and assist a student**
- **Examples include:**
  - **occupational therapy**
  - **physical therapy**
  - **speech/language services**
  - **deaf/hearing services**
  - **special transportation services**
- **Compare the amount of time and frequency per goal to last year's and ask the school to explain any changes**

### 7 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE		GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
SPECIALLY DESIGNED INSTRUCTION:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	

RELATED SERVICES:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	

ASSISTIVE TECHNOLOGY:				
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:	

ACCOMMODATIONS:				
BEGIN:	END:			

MODIFICATIONS:				
BEGIN:	END:			

SUPPORT FOR SCHOOL PERSONNEL:				
BEGIN:	END:			

SERVICE(S) TO SUPPORT MEDICAL NEEDS:				
BEGIN:	END:			

## 7

# DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

## Assistive Technology

- An item or piece of equipment used to help a student
- Examples include:
  - text readers
  - pencil grip
  - headphones
  - picture schedule
  - special chair
- Compare the amount of time and frequency per goal to last year's and ask the school to explain any changes

### 7 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE	GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
SPECIALLY DESIGNED INSTRUCTION:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
RELATED SERVICES:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
ASSISTIVE TECHNOLOGY:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
ACCOMMODATIONS:			
BEGIN:	END:		
MODIFICATIONS:			
BEGIN:	END:		
SUPPORT FOR SCHOOL PERSONNEL:			
BEGIN:	END:		
SERVICE(S) TO SUPPORT MEDICAL NEEDS:			
BEGIN:	END:		

## 7

# DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

## Accommodations

- Supports or services that help a student in the classroom
- Examples include:
  - having tests read out loud
  - using visual directions
  - breaking down multi-step directions
  - extending or removing time limits
  - giving breaks during tests

### 7 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE	GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
SPECIALLY DESIGNED INSTRUCTION:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
RELATED SERVICES:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
ASSISTIVE TECHNOLOGY:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
ACCOMMODATIONS:			
BEGIN:	END:		
MODIFICATIONS:			
BEGIN:	END:		
SUPPORT FOR SCHOOL PERSONNEL:			
BEGIN:	END:		
SERVICE(S) TO SUPPORT MEDICAL NEEDS:			
BEGIN:	END:		

## 7

# DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

## Modifications

- **Changes to the way a student meets their educational goals**
- **Examples include:**
  - **pass/fail grading instead of letter grading**
  - **different spelling lists**
  - **adaptations for physical education**

### 7 DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE	GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
SPECIALLY DESIGNED INSTRUCTION:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
RELATED SERVICES:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
ASSISTIVE TECHNOLOGY:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
ACCOMMODATIONS:			
BEGIN:	END:		
MODIFICATIONS:			
BEGIN:	END:		
SUPPORT FOR SCHOOL PERSONNEL:			
BEGIN:	END:		
SERVICE(S) TO SUPPORT MEDICAL NEEDS:			
BEGIN:	END:		

## 7

# DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

## Support for School Personnel

- **Supports or services provided to the school to meet the needs of a student.**
- **Examples include:**
  - **training on assistive technology**
  - **outside agency assistance**
  - **assistance from a trained teacher**
  - **additional training in special education needs**

## 7

## DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE	GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
SPECIALLY DESIGNED INSTRUCTION:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
RELATED SERVICES:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
ASSISTIVE TECHNOLOGY:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
ACCOMMODATIONS:			
BEGIN:	END:		
MODIFICATIONS:			
BEGIN:	END:		
SUPPORT FOR SCHOOL PERSONNEL:			
BEGIN:	END:		
SERVICE(S) TO SUPPORT MEDICAL NEEDS:			
BEGIN:	END:		



## 7

# DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

## Services to Support Medical Needs

- Typically for students who need specialized nursing services
- Extends to transportation
- Examples include:
  - students who use a feeding tube
  - students who use a tracheostomy tube
  - students who use a wheelchair

## 7

## DESCRIPTION(S) OF SPECIALLY DESIGNED SERVICES

TYPE OF SERVICE	GOAL ADDRESSED	PROVIDER TITLE	LOCATION OF SERVICE
SPECIALLY DESIGNED INSTRUCTION:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
RELATED SERVICES:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
ASSISTIVE TECHNOLOGY:			
BEGIN:	END:	AMOUNT OF TIME:	FREQUENCY:
ACCOMMODATIONS:			
BEGIN:	END:		
MODIFICATIONS:			
BEGIN:	END:		
SUPPORT FOR SCHOOL PERSONNEL:			
BEGIN:	END:		
SERVICE(S) TO SUPPORT MEDICAL NEEDS:			
BEGIN:	END:		

# 11 LEAST RESTRICTIVE ENVIRONMENT

- **Your child will be included in the general education environment to the greatest extent possible.**
- **The goal is for your child to be in a learning environment that is as typical as possible, but taking into consideration where they will learn best.**

## 11 LEAST RESTRICTIVE ENVIRONMENT

**For School Age:**

Does the child attend the school they would attend if not disabled?

YES  NO

If no, justify:

Does this child receive all special education services with nondisabled peers?

YES  NO

**For Preschool:**

Does the child attend a general education setting? YES  NO

Does the child receive all of his/her special education and related services embedded within regular classroom routines and activities? YES  NO

What prevents the child from receiving special education and/or related services embedded with the regular classroom routines and activities?

What prevents the child from being able to attend a general education setting?

Who provides the child with instruction in the general education curriculum?

# 11 LEAST RESTRICTIVE ENVIRONMENT

## Questions to Consider

	Yes	No
→ Did the IEP team discuss having the child in the general education classroom?	<input type="checkbox"/>	<input type="checkbox"/>
→ Did the IEP team discuss services and instruction that could be offered in the general education classroom?	<input type="checkbox"/>	<input type="checkbox"/>
→ Did the IEP team discuss barriers and obstacles the child will face in the general education classroom?	<input type="checkbox"/>	<input type="checkbox"/>
→ If the child is not in the general education classroom, did the IEP team explain why not?	<input type="checkbox"/>	<input type="checkbox"/>
→ Is the child in the cafeteria at the same time as their general education classmates?	<input type="checkbox"/>	<input type="checkbox"/>
→ Does the child interact with general education students throughout the day?	<input type="checkbox"/>	<input type="checkbox"/>
→ Is the amount of time the child is pulled out of the general education classroom appropriate for their needs?	<input type="checkbox"/>	<input type="checkbox"/>
→ Did the IEP team discuss the child's participation in field trips, school social activities, recess, and assemblies?	<input type="checkbox"/>	<input type="checkbox"/>

# 15 SIGNATURES

- For the first IEP, this is where parents or guardians sign to consent to special education and related services in the IEP.
- Parents can give consent to the entire IEP or to parts of the IEP. They can also withhold consent for the entire IEP.
- If a parent disagrees with parts or all of the IEP, they can pursue conflict resolution procedures.

## 15 SIGNATURES

### INITIAL IEP

- I give consent to initiate special education and related services specified in this IEP.\*
- I give consent to initiate special education and related services specified in this IEP except for \*\*
- AREA: \_\_\_\_\_
- I do not give consent for special education and related services at this time.\*\*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### IEP ANNUAL REVIEW (Not a Change of Placement)

- I agree with the implementation of this IEP.\*
- I am signing to show my attendance/participation at the IEP team meeting, but I do not agree with the following special education and related services specified in this IEP.\*\*
- AREA: \_\_\_\_\_

*Note: Not a Change of Placement does NOT require a parents' signature to implement the IEP.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### IEP REVIEW (Change of Placement)

- I give consent for the Change of Placement as identified in this IEP.\*
- I do not give consent for the Change of Placement as identified in this IEP.\*\*
- I revoke consent for all special education and related services.\*\*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### PROCEDURAL SAFEGUARDS NOTICE

The parent received a copy of the Procedural Safeguards Notice at the IEP Meeting in the following form:

YES  NO  IF NO, DATE SENT TO PARENTS: \_\_\_\_\_

#### Transfer of Rights at Age of Majority

By the child's 17th birthday, the child and the child's parents or surrogate parent received a copy of their procedural safeguards notice informing them that the transfer of procedural safeguard rights under IDEA will take place on the child's 18th birthday.

YES  NO

CHILD'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### COPY OF THE IEP

The parents received a copy of the IEP at the IEP meeting. YES  NO  IF NO, DATE SENT TO PARENTS: \_\_\_\_\_

\* The district must provide prior written notice to the parents summarizing the outcome of the IEP meeting before implementing the IEP.

\*\* If there is not agreement or consent is revoked, the district must provide prior written notice to the parents.

# 15 SIGNATURES

- **A parent is required to consent again only if there is a “change in placement.” A parent’s consent is not required at the annual review unless the child’s placement has changed.**
- **A change in placement is a change from one learning environment to a different learning environment. It does not have to mean a location change. For example, switching from general education classes to special education classes in the same school is a change in placement.**
- **Make sure you always get a copy of both the IEP and the Procedural Safeguards Notice at the IEP meeting.**

## 15 SIGNATURES

### INITIAL IEP

- I give consent to initiate special education and related services specified in this IEP.\*
- I give consent to initiate special education and related services specified in this IEP except for \*\*
- AREA: \_\_\_\_\_
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PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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YES  NO

CHILD'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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\*\* If there is not agreement or consent is revoked, the district must provide prior written notice to the parents.

# RESOLVING DISPUTES

# Procedural Safeguards Conflict Resolution 3301-51-05

**Administrative  
Review**

**Early Dispute  
Resolution**

**State  
Complaints**

**Mediation**

**Facilitation**

# Procedural Safeguards Conflict Resolution 3301-51-05

Impartial  
Due Process  
Hearing

Resolution  
Meeting

Civil  
Action

Attorneys'  
Fees

Appeal



# Tips for Advocating for Your Child

It is extremely important to realize that your participation is critical and is not about attending a meeting and signing documents – your role is an active one. In preparing for a meeting, consider the following

- Request a copy of all documents prior to a meeting for review, if the district does not provide a copy;
- Review all invitation letters to know who has been invited;
- Don't be afraid to mark that you disagree and refuse to sign
- Become familiar with all sections in the current IEP (especially, section 7 of the IEP) and compare it to the previous one; and
- Make a written list of your concerns, questions and solutions (if possible, email the list to the IEP team prior to the meeting).

# Tips for Advocating for Your Child

You have legal rights:

- Records:
  - Schools must permit parents to inspect and review any educational records that are collected, maintained, or used by the district. 34 C.F.R 300.613(b)(2)
  - Schools must comply with a parent's request to review the educational records without unnecessary delay and before any meetings and in within 45 days after the request has been made.
  - Parents have a right to request a record's hearing and to request that the district amend records. However, the district can refuse to amend the records.
  - For questions about records issues, contact the Family Policy Compliance Office at (800) 514-0301 or (201) 260-3887

# Tips for Advocating for Your Child

## You have legal rights:

- Parent consent
- Parent participation in meetings
- Independent educational evaluation (IEE)
- Prior written notice
- Procedural safeguards notice
- Resolving conflicts

## Transfer of rights

- Parental rights transfer to the student at age of majority on the child's 18th birthday
- At age 17, no later, the district will provide transfer of rights information to the parents and the child

# What do clients tell us?

I'm worried.

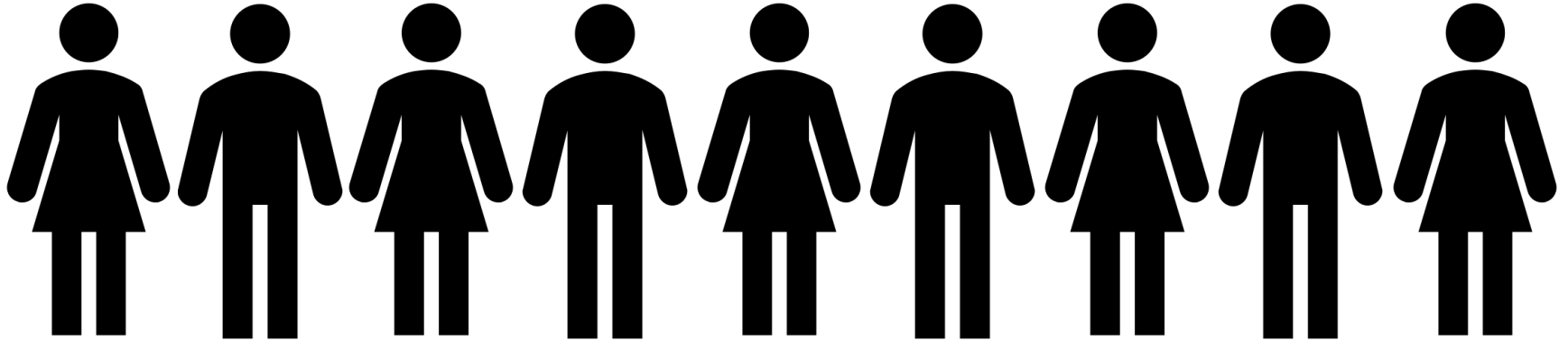
I am concerned.

I am scared.

I need help.

I don't know what to do.

I am confused.



Many parents are going through exactly what you are. REMEMBER: Parent will always be their child's best advocate.