ANNUAL Special Education ORGANIZER

A useful tool to help coordinate a child's special education information

Student Name: _____

School Year: _____ Grade:_____

Children's Specialized Hospital®

An RWJBarnabas Health facility

Our Special Education Team

Your child (the student):

Parent(s) / Caregivers:

Case Manager/ School District Representative:

Learning Disabilities Teacher-Consultant:

Social Worker:

General Education Teacher(s):

School Psychologist:

Nurse and/or other health care provider:

Therapists and other Specialists :

Others who Identify/Support Child's Needs:

Mediator/Attorney:

Transition Coordinator (adolescent student):

My Child's IEP Binder Contents

Keep a binder or a group of folders which contain the following special education documents. A parent can ask to review and get copies of school records at any time.

- **School and district contacts**
  (a list of key people (such as case manager, teacher(s), school nurse, director of special education, etc.) including their email addresses, phone numbers, etc.)
- **Recent annual IEPs**
- **Letters written to and from the school or district**
- **Communication records**
  (a record of conversations – in person, by phone, and through email – to and from the school/district and with others involved in your child's special education)
- **Completed evaluations and assessments**
  (school-based evaluations and any independent evaluations and related medical reports)
- **Progress reports and report cards**
  (include samples of your child's work which shows educational progress or areas of concern)
- **Behavior Intervention Plan or Crisis Plan and any Disciplinary Notifications (if applicable)**
- **Individual Health Care Plan (if applicable)**
- **Document containing your State's parental rights in special education**

School and District Contacts

Name	Phone	Email
Person's Title and other Information:		

Name	Phone	Email
Person's Title and other Information:		

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School Communication Log

Date: _____ Topic : _____

◯ In person ◯ Letter (*How was it delivered?* _____) ◯ Email ◯ Phone

Purpose, outcome, other notes: _____

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Present Levels of Academic Achievement and Functional Performance (PLAAFP)

Within the IEP, this important statement describes the child's current skill levels, abilities, and challenges based on the most recent evaluations. The PLAAFP needs to accurately describe the child because it serves to guide the development of the IEP goals.

Describe Child's Current Academic Skills and Challenges:

Describe Child's Daily Living/Self Help Skills and Challenges:

Describe Child's Current Social Skills and Challenges:

Describe Child's Current Behavior Challenges:

Describe Child's Current Sensory Skills and Challenges:

Describe Child's Communication Skills and Challenges:

Describe Child's Mobility Skills and Challenges:

Describe Child's Fine Motor Skills and Challenges:

My Questions and Concerns for the IEP Meeting

My IEP Meeting Checklist

Meeting Date: _____

How to prepare for your meeting

- ☐ Bring paper, pen, or electronic device to take notes
- ☐ Ask another person to come with you for support
- ☐ Bring your IEP folder or binder with related paperwork
- ☐ Learn more about your rights
- ☐ Prepare a list of questions, concerns, and requests
- ☐ Draft some goals before the meeting

My IEP Request Tracker

IEP Meeting Date: _____

My IEP Requests	School / District Responses	Next Steps

My IEP Requests	School / District Responses	Next Steps

Notes from My IEP Meeting

My thoughts, concerns, and comments...

School team's concerns and comments...

Progress, challenges, and results...

My Child's Approved IEP at a Glance

Related Services and Other Accommodations	Days of the Week	Length of Time	Method/ Delivery
☐ Occupational Therapy ☐ Speech Language Therapy ☐ Physical Therapy ☐ Adaptive Physical Education ☐ Psychological ☐ Transportation ☐ School Health ☐ Recreation ☐ Extended School Year (ESY) ☐ Other: _____ _____ _____	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Other: _____ _____ **NOTES:**	☐ 15 minutes ☐ 30 minutes ☐ 45 minutes ☐ Other: _____ _____ _____ _____	☐ Individual ☐ Integrated ☐ Other: _____ _____ _____ _____ _____

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My Special Education Notes and Reminders

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KOHL'S Cares

Through a partnership with Kohl's Cares, Children's Specialized Hospital is improving access to care for children with special health care needs.

www.childrens-specialized.org

1-888-CHILDRENS

Children's Specialized Hospital®

An RWJBarnabas Health facility

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