Advocacy Request Form

We appreciate your interest in the Hands & Voices[[1]](#footnote-1) ASTra Educational Advocacy Program. While it can be difficult to put into words the many concerns you may have about your child, please fill out this form completely. It will help us understand your situation and will give us the necessary information to support you in your child’s education planning.

We cannot schedule a time with you to talk or plan to attend any meetings with you until this form is completed.

If you have letters and/or supporting documentation, please attach them to your email submission, or mail to us with this completed form. We know this is a long form, but it will be helpful to your child’s IEP!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Child: | | | | | |
| Child’s Date of Birth: | | | | | |
| Child’s Current Age: | | | | | |
| Street Address: | | | | | |
| City: | | | **State:** | | **Zip:** |
| Phone: | | | | **Email:** | |
| Name of Family Contact: | | | | | |
| Role of Family Contact: |  | **Parent** | | | |
|  | **Guardian** | | | |
|  | **Other:** | | | |
| May we contact the referring person if needed? (Yes or No) | | | | | |
| Referred by: | | | **Contact Info:** | | |

Communication Choice/Methodology – How does your child prefer to communicate? (**Check** One or any Combination & Indicate which is the Primary Mode, and whether that is receptive or expressive use:)

|  |  |  |
| --- | --- | --- |
| Primary  Mode? | Receptive or Expressive | Communication Preference |
|  |  | American Sign Language (ASL) |
|  |  | Spoken English |
|  |  | Total Communication (combination of spoken and sign) |
|  |  | Cued Speech |
|  |  | Sign Systems (ex:  SEE/Signing Exact English, PSE/Pidgin Signed English, CASE/ Conceptually Accurate Signed English, etc..) |
|  |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

What's his/her first language?Please **Check**

|  |  |
| --- | --- |
|  | First Language |
|  | English |
|  | ASL |
|  | Spanish |
|  | Other (explain) |
|  | Other (explain) |

Does your child have a current Communication Plan on the IEP? Please **Check**

|  |  |
| --- | --- |
|  | Yes, please attach to this form |
|  | No |
|  | I don’t know what a communication plan is |

Describe the communication in your home and at school. Provide a description of communication/language used and any difficulties you see:

|  |  |
| --- | --- |
| How does your child access information: | |
| In School: |  |
| At Home: |  |
| With Siblings: |  |
| With Hearing Friends: |  |
| With D/HH Friends: |  |
| Other Settings: |  |

Hearing level of child:(May attach audiogram)

|  |  |
| --- | --- |
| Right Ear | |
|  | Mild hearing loss |
|  | Moderate hearing loss |
|  | Severe hearing loss |
|  | Profound hearing loss |
|  | Other: |

|  |  |
| --- | --- |
| Left Ear | |
|  | Mild |
|  | Moderate |
|  | Severe |
|  | Profound |
|  | Other |

|  |  |
| --- | --- |
| Does your child use amplification? | |
|  | Uses Hearing Aid (Yes or No) |
|  | Bone Conduction Aid (Yes or No) |
|  | Uses Cochlear Implant (Yes or No) |
| If uses Amplification, when is it used? | |
|  | All waking Hours (Yes or No) |
|  | Only during school (Yes or No) |
|  | Other (please describe) |

Is deafness or hearing loss the child's only eligibility on their IEP, &/or does s/he have other co-existing conditions? If so, please indicate the child’s primary eligibility (For example; Autism, developmental delay, learning disability, ADHD, etc.)

|  |
| --- |
|  |

#### Do you have concerns about your child’s ability to learn?

|  |
| --- |
|  |

Please indicate your child’s functioning compared to grade level:

|  |  |
| --- | --- |
| **Reading** |  |
| **Writing** |  |
| **Math** |  |

|  |  |
| --- | --- |
| **School Information** | |
| **School District**: | |
| **School Name**: | |
| **School Address**: | Zip: |
| **Phone**: |  |

|  |  |  |
| --- | --- | --- |
| **What grade is your child in?** | | |
| What is your child’s school placement? | | |
|  | Self-contained | |
|  | State School for the Deaf | |
|  | Mainstreamed | |
|  | Center-based | |
|  | Neighborhood School | |
|  | Combination (explain) | |
|  | Other (explain) | |

#### Name of professionals most familiar with & understanding of your child and situation:

|  |  |
| --- | --- |
|  | Name of Professional |
| At School |  |
| Other Service Provider  (Speech Therapist, Private Audiologist, etc.) |  |
| Other Service Provider  (Speech Therapist, Private Audiologist, etc.) |  |
| Other Service Provider  (Speech Therapist, Private Audiologist, etc.) |  |
| On the IEP Team |  |
| Other |  |
|  |  |

List other professionals who you’ve had contact with that is relevant to this situation (ex: psychologists, doctors, counselors):

|  |  |
| --- | --- |
| Type of Professional | Name of Professional |
|  |  |
|  |  |
|  |  |
|  |  |

Please sign permission here if Hands & Voices can contact any of the above listed professionals:

|  |
| --- |
| X |

Advocacy Issues:(Please check all areas of concern, numbered according to priority need)

|  |  |  |
| --- | --- | --- |
| Area of Concern | Priority of Need | Advocacy Issue |
|  |  | Academic Standards |
|  |  | Accommodations |
|  |  | Assessments |
|  |  | Assistive Technology: (FM, Smart board, etc.) |
|  |  | Audiological Concerns |
|  |  | Behavior |
|  |  | Cochlear Implant Re/Habilitation |
|  |  | Communication Access/Communication Plan |
|  |  | Communication Choices/Modes |
|  |  | Educational Placement |
|  |  | Eligibility |
|  |  | IEP Compliance |
|  |  | IEP Goals & Objectives |
|  |  | Interpreters |
|  |  | LRE (Least Restrictive Environment) |
|  |  | Mainstream Supports |
|  |  | Other labels |
|  |  | Peers & Deaf/HH Role Models |
|  |  | Proficiency of Staff |
|  |  | Services |
|  |  | Transition between programs (explain) |
|  |  | Other: |
|  |  | Other: |
|  |  | Other: |

#### Please list relevant information regarding the identification of your child’s hearing loss as well as, early intervention & educational history:

|  |
| --- |
|  |

#### Provide a brief history of the current problem(s) complete with dates, personnel involved (including outside sources), steps taken, and attach copies of written documentation.

#### Information about your contacts with your child’s school:

|  |  |  |
| --- | --- | --- |
| Yes | No | Information |
|  |  | Have you made a written request to the school related to your child’s IEP? |
| Please describe the request here: | | |

|  |  |  |
| --- | --- | --- |
| Yes | No | Information |
|  |  | Has the LEA/Local Education Agency (school) or IEP team responded to your request or proposal? (please attach copies here if it were in writing) |
| Please describe how the school’s response was communicated to you? | | |

#### Please list other resources/supports currently being used? (please include others not listed below)

|  |  |
| --- | --- |
|  | Parent Training Center: |
|  | Advocacy Organization: |
|  | Advocate: |
|  | Other: |
|  | Other: |
|  | Other: |

#### Current status and next scheduled meetings pertaining to this issue:

|  |
| --- |
|  |

#### What do you hope to accomplish?

|  |
| --- |
|  |

#### Please describe how you would like Hands & Voices to help you:

|  |
| --- |
|  |

Are you a current member of the local Hands & Voices Chapter?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Our advocacy services depend largely on voluntary support. Your membership donation to the local Hands & Voices Chapter helps provide this type of support to families, and priority is given to members.  If you'd like to join, please send your donation payable to your local Hands & Voices Chapter.

Please return this form to us in one of the following ways:

* Mail or Email: this form and most recent IEP (relevant pages) to the local Hands & Voices Chapter. (Email is preferred) Chapter email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The local chapter will call/email to schedule a phone appointment with you within seven days of receiving this form. If you don’t hear from us, please call to confirm that the form was received. Please note our amount of support we can provide will be determined by the availability of our staff/volunteers. Meanwhile, see the following Hands & Voices websites for helpful information: **Hands & Voices Headquarters** - [www.handsandvoices.org](http://www.handsandvoices.org).

|  |  |
| --- | --- |
| Internal Use | |
| Date Received: |  |
| Date Family Contacted: |  |
| H&V Name: |  |
| Next Steps/Notes: |  |
| ASTra Advocate Assigned: |  |

1. ***Hands & Voices***, the Headquarters (HQ) of the organization will be identified in this document as Hands & Voices. [↑](#footnote-ref-1)