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SPECIAL EDUCATION ADVOCACY QUESTIONNAIRE

*In order for the Human Rights Authority or Legal Advocacy Services to provide someone with services, the following criteria must be met: 1. An individual with a disability, 2. A disability service provider (for SPED, this would be the school or school district), and 3. A possible disability rights violation.*

Please answer this questionnaire completely and accurately. The more information we have the better we will be able to advise you. If you need assistance completing this questionnaire, please give our office a call at 866-274-8023. Once you have completed the questionnaire, please return it.

Please provide a brief description of your question or reason for contacting us:

**STUDENT INFORMATION:**

Student's full name: \_\_\_\_\_

Student's address: \_\_\_\_\_ County: \_\_\_\_\_

Is the student homeless? \_\_\_\_\_ Who does the student live with? \_\_\_\_\_

Student's date of birth: \_\_\_\_\_ Student's age: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's gender identity: \_\_\_\_\_ Student's pronouns: \_\_\_\_\_

Name of school student attends: \_\_\_\_\_

School District name and number: \_\_\_\_\_

School District address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the school the student attends a:                    public school                    private school                    charter school  
Special Education Director: \_\_\_\_\_ Director's email: \_\_\_\_\_  
Legal guardian/Custodial parent of the student:    Mother                    Father                    Both                    Other (please explain below)

\_\_\_\_\_

If the student is under 18, who has educational decision-making rights for the student? \_\_\_\_\_  
Please attach the page of the Court Judgment/Parenting Agreement that addresses educational decision-making rights.

County for Guardianship case \_\_\_\_\_ Probate Case Number \_\_\_\_\_

DCFS placement JA number \_\_\_\_\_

Upon turning 18, do you anticipate that the student will require a guardianship? \_\_\_\_\_

If the student is over 18, does student have a legal guardian? \_\_\_\_\_ If so who? \_\_\_\_\_

If the student is over 18, have they signed a Delegation of Rights? \_\_\_\_\_ Please attach a copy.

Would you like more information concerning Supported Decision Making? \_\_\_\_\_

Is the student:                    English proficient                    Deaf/hard of hearing                    Non-verbal

If non-verbal, what is the preferred mode of communication: \_\_\_\_\_

Is an interpreter needed: \_\_\_\_\_ Other language(s) spoken: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

1. Full name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Best time to call: \_\_\_\_\_ Prefer phone or email? \_\_\_\_\_

Email address: \_\_\_\_\_

                  English proficient                    Deaf/hard of hearing                    Non-verbal

Other language(s) spoken: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Disabilities, if any: \_\_\_\_\_

2. Full name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Best time to call: \_\_\_\_\_ Prefer phone or email? \_\_\_\_\_

Email address: \_\_\_\_\_

                  English proficient                    Deaf/hard of hearing                    Non-verbal

Other language(s) spoken: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Disabilities, if any: \_\_\_\_\_

**INCOME INFORMATION:**

# of people in the household: \_\_\_\_\_

# of dependent children: \_\_\_\_\_

Annual household income:

\$0-\$39,999

\$40,000-\$69,999

\$70,000-\$89,999

\$90,000-\$100,999

Over \$101,000

**DETAILS REGARDING THE STUDENT’S SCHOOL HISTORY:**

- 1. Has this student/parent (or guardian) pursued mediation or due process for any school related issues involving this or another child in their home?      yes      no      If yes, please explain below:

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Please list the School/District involved: \_\_\_\_\_

- 2. Has this student/parent (or guardian) retained a lawyer for any school related issues involving this or another child in their home?      yes      no      If yes, please explain below:

Please list the School/District involved: \_\_\_\_\_

Please name the attorney(s) involved along with their contact information: \_\_\_\_\_

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- 3. Does the student have an      IEP      504 Plan

- 4. How long has the IEP been in place: \_\_\_\_\_

What is the current eligibility category(ies) marked on the IEP: \_\_\_\_\_

- 5. Area(s) of concern:

Reading

Math

Homework

Speech/Language

Attendance

Social

Attention/Executive Function

Behavior

Discipline (is juvenile justice involved?)

Emotional/Therapy

OT (sensory, gross motor, fine motor, etc.)

Transition

Medical

Other – please explain \_\_\_\_\_

6. Please describe the student's strengths: \_\_\_\_\_  
\_\_\_\_\_

7. Describe the area of concern and how long this problem has been going on: \_\_\_\_\_  
\_\_\_\_\_

8. What are the goals you have for your child for this school year and next? \_\_\_\_\_  
\_\_\_\_\_

9. What goals do you have for your child as he/she becomes an adult? \_\_\_\_\_  
\_\_\_\_\_

10. What are your child's learning disabilities according to you? \_\_\_\_\_  
\_\_\_\_\_

11. What are your child's learning disabilities according to your child's physician(s) or medical provider(s)? \_\_\_\_\_  
\_\_\_\_\_

12. What are your child's learning disabilities according to the school? \_\_\_\_\_  
\_\_\_\_\_

13. What kind of discipline, if any, has occurred? \_\_\_\_\_  
\_\_\_\_\_

14. Does your child have a Behavior Intervention Plan (BIP)?      yes                      no. If yes, please provide a copy.

15. Has your child ever been restrained or secluded? Please provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Are there any cultural needs that are not being met?                      yes                      no

Please explain: \_\_\_\_\_  
\_\_\_\_\_

17. How did you hear about us?

|                            |                  |                      |
|----------------------------|------------------|----------------------|
| Family member              | Friend           | ISBE                 |
| Our Website                | School personnel | Other agency _____   |
| Other agency website _____ |                  | Outreach event _____ |

I/We believe the information we have provided in this questionnaire and any attachments are complete and accurate. I/We understand you rely on this information when you represent the student. I/We authorize you to disclose this information to any proper person.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Mother/or other guardian

\_\_\_\_\_  
Father/or other guardian