



Advocacy Request Form

We appreciate your interest in the Hands & Voices¹ 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:	<input type="checkbox"/>	Parent
	<input type="checkbox"/>	Guardian
	<input type="checkbox"/>	Other:
May we contact the referring person if needed? (Yes or No)		
Referred by:	Contact Info:	

¹ **Hands & Voices**, the Headquarters (HQ) of the organization will be identified in this document as Hands & Voices.



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.)

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

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

Reading	
Writing	
Math	

<i>School Information</i>	
School District:	
School Name:	
School Address:	Zip:
Phone:	

What grade is your child in?	
<i>What is your child's school placement?</i>	
	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:

	<i>Name of Professional</i>
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):

<i>Type of Professional</i>	<i>Name of Professional</i>

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 : RobinC@lifetrack-mn.org -- 651-265-2334

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.

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

