

## ADVOCACY PROGRAM ♥ SERVICE PLAN

Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Diagnosis \_\_\_\_\_

Parent's Name: \_\_\_\_\_

My **PRIMARY** need at this time is: \_\_\_\_\_

### Parent Training Goals

Progress will be reviewed every 90 days.

Start Date

Target Date  
(3 months)

Date Complete

Select up to **THREE** of the following goals to begin with or write in your own.

- 1. I want to **learn** more about the IDEA and how it affects my child.
- 2. I want to **increase my knowledge** of my child's rights.
- 3. I want to **learn** more about the IEP process.
- 4. I want to **learn** what to do if I don't agree with something in the IEP.
- 5. I want to **learn** how to monitor my child's progress.
- 6. I want to **learn** how to address a concern.
- 7. I want to **learn** how to request an evaluation and why.
- 8. I want to **learn** about all placement options.
- 9. I want to **learn** how to find and access community resources.
- 10. I want to know what to look for when observing a class.
- 11. I want to learn about transition from school to adult services.

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Parent Signature \_\_\_\_\_

**OFFICE USE ONLY**

Services to be provided: \_\_\_\_\_

Measurable objective: \_\_\_\_\_

Discharge Criteria: \_\_\_\_\_

NOTES: \_\_\_\_\_

\_\_\_\_\_

Advocacy Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Notes : \_\_\_\_\_

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