

Coaching and Advocacy for Better Outcomes
The Arc of Greater New Bedford: (508) 996-8551
The Arc of Greater Fall River (508) 679-0001

# The Special Education Empowerment Program

(Formerly School Advocacy)

### What we do:

Navigating the Special Education Process can be challenging. Our Special Education Empowerment Program is designed to assist families in better understanding the processes and procedures, and to educate and empower families to advocate for the services and supports necessary to ensure their child's educational success.

### How we do it:

The Arc offices in New Bedford and Fall River currently offer 1-1 Educational Consulting. Trained professionals, who are knowledgeable about the Special Education process, State and Federal Special Education Laws and Collaborative Relationship Building are available to:

- Explain the Special Education Process, including Eligibility
- Review the Parents Rights and Procedural Safe Guards
- Explain and Decipher Relevant Federal and State Special Education Laws
- Interpret Evaluations and Reports from Specialists and School Personnel
- Develop Strategies for Organizing and Retaining Important Information
- Assist in creating a Parent Vision for the Individualized Education Program
- Create documents and correspondence to be shared with the school team
- Explore options for dispute resolution
- Attend meetings as a support for the family\*

\*The Arc team may not be able to attend all school meetings. Meeting attendance is based on client need and staff availability.

To learn more, please visit our website at: <a href="www.arcnbc.org">www.arcnbc.org</a> or call our offices at: <a href="www.arcnbc.org">the Arc of Greater New Bedford: (508) 996-8551</a> The Arc of Greater Fall River (508) 679-0001

Special Education Empowerment Program Family Needs Assessment

To be completed by parent/guardian:

The Educational Empowerment Program is funded by the Generosity of the United Way of New Bedford and the United Way of Fall River



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Parent(s)/Guardian(s) Contact:		
Parent/Guardian Name:		
Telephone Number (Home)		
Telephone Number (Cell or Work)		
Parent/Guardian E-mail:		
Parent/Guardian Home Address:		
(Street Address)		
(City, State, Zip code)		
Parent/Guardian Name:		
Telephone Number (Home)		
Telephone Number (Cell or Work)		
Parent/Guardian E-mail:		
Parent/Guardian Home Address:		
(Street Address)		
(City, State, Zip code)		
Student Information:		
Student Name:		
Age:		
Date of Birth:		
Current Grade:		
Current School:		
Primary Disability (if known):		
Siblings: name(s)/age(s)		
Student Strengths:		
Student Challenges:		
Parent Concerns: (Please list your top 5 concerns about your child's current educational program/needs. You will have an opportunity to discuss ALL of your concerns with staff.)  1.  2.		
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3.	
4.	
5.	
What are your go Program?	oals for working with the Special Education Empowerment
	you would use to describe your child:
1.	
2.	
3.	
Client Name:	
	Special Education Empowerment Program
	Family Needs Assessment
Client	
Name:	
_	
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To be completed by staff:		
Is the Student currently on an IEP?	Yes	No
If NO:		
Consent form Signed?	Date:	
Eligibility Meeting?	Date:	
If YES:		
Date of most recent SIGNED IEP:		
<b>Evaluations:</b>	Date:	Copy for File: (Yes/No)
Academic:		
Neuro/ Psychological:		
Speech and Language:		
OT:		
PT:		
Other Evaluation:		
Other Evaluation:		
Other Evaluation:		
Additional Information (Notes:)		
Special Education Empowerment Program		
Client:		
Form:	Date:	Notes:
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Family Needs Assessment (Parent):		
Family Needs Assessment (Staff):		
Record Release form:		
Client Agreement:		
Contact Log:		
Type of Contact: (In Person, Phone, E-mail, Staff Research/Prep)	Date/Time:	Notes:
*New Client Intake:		
* Review of Parent Participation/Procedural Safegaurds:		
*Student Interview (Optional):		
Special	Education Empowerment P	rogram

Parents & Guardians, please read <u>and initial</u> the following statements. <u>A signed client agreement is required at the conclusion of the Family Needs Assessment.</u> Services will not begin (Record Review, Meetings etc.) until a signed agreement is received. Your signature on this document implies that you have read and agree to the terms of the agreement. If you have questions or need clarification, please ask staff prior to returning this agreement.

**Client Agreement** 

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The Arc of Bristol County offers services to parents & guardians of student's receiving or in the process of obtaining Special Education Services in New Bedford, MA and Fall River, MA. These services are offered free of charge, for <u>up to 20 hours</u>/ Per School Year, for families who meet \*eligibility criteria. Applications and Needs Assessments are reviewed on a rolling basis, and availability of services may be limited based on staff availability and capacity. The Arc reserves the right to designate additional hours upon review of information.

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Initial/Date:*Eligibility Criteria is available from The Arc Staff.	
*Eligibility Criteria is available from The Arc Staff.	
The Educational Empowerment Staff/ The Arc Staff are not attorneys and CANNOT offer Legal Advice. The Arc staff will not attend or represent clients at Bureau of Special Education Appeals Hearings. Information obtained while working with the Educational Empowerment Staff is not considered privileged, and may be requested by legal representation for both the school and the family, should the educational matters in question proceed to a hearing.	
Initial/Date:	
The Educational Empowerment Team and The Arc Staff <u>CANNOT guarantee outcomes, placements or eceipt of services.</u> Staff is here to explain, interpret and give information and strategies for working through the Special Education Process. All information given is based on knowledge of Special Education policies and Procedures, and parents must use their own discretion before following the suggestions or recommendations of The Arc staff and their consulting partners.	
Initial/Date:	

# Special Education Empowerment Program Client Agreement, Continued

The Educational Empowerment Team and The Arc Staff retain the right to terminate the client/provider relationship at any time and for any reason. Reasons include, but are not limited to: scope of the client issues exceeding the expertise of Arc Staff and their consultants, lack of parental involvement and commitment and failure to provide accurate student history and information.

Initial/Date:
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The Educational Empowerment Team and The Arc will retain copies of student records and information for at least 1 year (365 days) from the date of the Client Agreement. For long-term clients, records will

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be retained for 1 year (365 days) from the termination of services. Parents and Guardians may request copies of IEP/Evaluations and Student's Personal Records be returned, but The Arc reserves the right to keep and maintain all documents completed by members of The Arc staff. At times, the Arc staff may share your child's educational information with qualified, outside consultants to obtain additional expertise.

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	Initial/Date:
The Educational Empowerment Team and The A organizations outside of The Arc. These referra recommendations. The Arc cannot guarantee or	
	Initial/Date:
I have read and initialed the above statemer program is voluntary and limited to the sco	nts and understand that my participation in this pe described in the client agreement.
Parent Signature	Date
The Arc Staff Signature	Date