

An illustration of a red notebook with a white page visible, and a red pencil with a sharpened lead tip, positioned diagonally across the left side of the page.

**Illinois State Board of Education
Special Education and
Support Services**

**ILLINOIS
STUDENT
RECORDS
KEEPER**

**FOR PARENTS OF STUDENTS
WHO RECEIVE SPECIAL
EDUCATION SERVICES**

OCTOBER 2010

Student's Name _____

Date _____



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HELLO & WELCOME!

How to Use This Book

This booklet is for you to use to keep important information about your child and his/her special education and related services. It is a companion to *Educational Rights and Responsibilities: Understanding Special Education in Illinois*.

Records play an important role as you plan your child's education. Dates, people, meetings and reports are important throughout your child's educational career. The records keeper was developed to assist you in preparing for Individualized Education Program (IEP) and transition meetings; getting ready for evaluations and reevaluations; and keeping track of paperwork and other materials you might need.

This book cross-references the Illinois State Board of Education (ISBE) publication, *Educational Rights and Responsibilities: Understanding Special Education in Illinois*. At the bottom of each page, locate the page number(s) that references a section or pages in the guide. The guide can be found at http://www.isbe.net/spec-ed/pdfs/parent_guide_english.pdf. The guide offers information to increase your knowledge and understanding about the topic or issue.

If you have any questions about special education and/or related services, call a consultant at the Special Education and Support Services Division at the toll-free number 1-866-262-6663. The direct number of the Springfield office is 217-782-5589, and the direct number of the Chicago office is 312-814-5560. The ISBE Special Education website has many resources and is located at <http://www.isbe.net/spec-ed/default.htm>.

This 2010 edition was written and produced by:

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Identifying Information for 20__ - 20__ School Year

Child's Name: _____ Date of Birth: _____

School District: _____

School Attending: _____

The school telephone number is: _____

The school principal is: _____

Dates for this year's IEP meeting(s):

This year's teachers are: *(include names of persons who work with your child such as a speech therapist, social worker, etc.)*

| General Education Teachers | Special Education Teachers |
|----------------------------|----------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Make a file and keep copies of any papers you receive during your meetings with the school. If you aren't given copies of reports that you want, ask for them. Then keep the papers in your file.

Things to Think About Before Your Child's Individualized Education Program (IEP) Meeting

My child's strengths at home are:

My child's strengths at school are:

A few things my child likes to do are:

A few things my child does not like to do are:

My child is good at:

Things to Think About Before Your Child's Individualized Education Program (IEP) Meeting (*cont.*)

My child needs help with:

Problems my child has at home are:

Problems my child has at school are:

Concerns I have for my child's education are:

How do I think my child feels about himself or herself?

Things to Think About Before Your Child's Individualized Education Program (IEP) Meeting (*cont.*)

How do I think my child feels about school (if he/she goes to school)?

I think the thing(s) my child needs to learn the most in school is:

The supports my child needs to be successful at school are:

The technology my child needs to help him/her learn or to show what he/she knows is:

My dreams for my child are:

**Things to Think About Before Your Child's
Individualized Education Program (IEP) Meeting (*cont.*)**

Other thoughts, concerns or ideas about my child's education:

Things to Think About Before the Transition Portion of the IEP Meeting

What does my son/daughter like to do when he/she has free time? What are his/her hobbies?

What kinds of paying jobs has my son/daughter done or want to do?

What kind(s) of volunteer work has my son/daughter done or want to do?

Is my young person interested in going on to school past high school?

Yes No

What services does my son/daughter receive from state or community agencies?

Things to Think About Before the Transition Portion of the IEP Meeting

What services or supports do I think my son/daughter needs from state or community agencies?

My son/daughter is aware of different types of jobs available in our community.

Yes____ No____

What kind of jobs or career paths would my son/daughter like to have?

Where would you like to see your son/daughter living and working five years from now?

Where does your son/daughter want to be living and working five years from now?

Things to Think About Before the Transition Portion of the IEP Meeting

What supports does your son/daughter need to prepare him/her for:

working with adult services?

college?

vocational training?

a job or career?

living independently in the community?

advocating for himself/herself?

Does your young adult need any special accommodations, such as interpreters or translators?

**RESPONSE TO INTERVENTION
(RtI)**

Did the school use a Response to Intervention (RtI) process to provide support to your child?

Yes _____ No _____

If yes, what interventions did they use? _____

Were the interventions research-based? Yes _____ No _____

Do you know how the school determined what intervention(s) to try?

Yes _____ No _____

If yes, what process did they use? _____

What length of time was used for an intervention to determine progress? _____

How was your child's progress monitored? _____

Did you receive a written intervention plan as part of the RtI process?

Yes _____ No _____

Were you informed that you could ask (in writing) for a special education evaluation at any point during the RtI process? Yes _____ No _____

If no, were you told that you had to wait until a later time (until data was collected, until a period of time passed, or other reasons)? Yes _____ No _____

See Chapter 2, Response to Intervention (RtI) pages 7-14 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

REFERRAL

Who made the referral to find out if your child might be eligible to receive special education services? _____

Was it made in writing? Yes _____ No _____ When? _____

Why was the referral made? _____

Did you attend a meeting about the referral? Yes _____ No _____

What was the date of the meeting? _____

Who was at the meeting? _____

Did you provide any reports or information about your child? _____

Report name: _____ Who wrote the report: _____

Report name: _____ Who wrote the report: _____

Did they discuss your information in the meeting? _____

What were the results of the meeting? _____

See Chapter 3, Referral and Evaluation, pages 15-22 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

EVALUATION

Were you asked to give your written consent for the evaluation? Yes _____ No _____

What was the date you were asked? _____

Did you give **written** consent for the school to do the evaluation? Yes _____ No _____

What was the date you gave **written** consent? _____

Child's age at this time: _____

Did the school explain the tests that they wanted to do? Yes _____ No _____

List the name of the tests, assessments, or other type of evaluations.

Name and purpose of the test: _____

Who did the test: _____

Date of the testing: _____

Location where the test was done: _____

Name and purpose of the test: _____

Who did the test: _____

Date of the testing: _____

Location where the test was done: _____

Name and purpose of the test: _____

Who did the test: _____

Date of the testing: _____

Location where the test was done: _____

Name and purpose of the test: _____

Who did the test: _____

Date of the testing: _____

Location where the test was done: _____

See Chapter 3, Referral and Evaluation, pages 15-22 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

Were you given a copy of the evaluation report(s) before the eligibility meeting?

Yes _____ No _____

Did someone explain the report(s) to you? Yes _____ No _____

Who did? _____

Who did not? _____

Comments and notes about the evaluation report(s): _____

See Chapter 3, Referral and Evaluation, pages 15-22 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

SPECIAL EDUCATION ELIGIBILITY MEETING

Did you receive a written notice about the eligibility meeting? Yes _____ No _____

What was the date of the notice? _____

How many days before the meeting did you receive the notice? _____

Did you ask to change the date, time, or place? Yes _____ No _____

If yes, did the school make a change? Yes _____ No _____

Did you go to the meeting? Yes _____ No _____

If no, why not? _____

Did the school ask for your ideas, help, or suggestions in another way?

Yes _____ No _____

How did that happen? _____

When was the meeting held? _____

Where was the meeting held? _____

How long did it last? _____

Who was at the meeting?

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

See Chapter 3, Referral and Evaluation, pages 15-22 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

Did you need more than one meeting? Yes _____ No _____

When was the follow-up meeting? _____

What information and opinions did you share at the meeting? _____

Were you and the school staff able to agree on your child's special education eligibility?

Yes _____ No _____

If no, what did you disagree with? _____

Did you do anything? Yes _____ No _____

If yes, what? _____

Were you told that you have a right to an independent evaluation if you were not satisfied with the evaluation done by the school? Yes _____ No _____

Results of the meeting

Does your child have a disability? Yes _____ No _____

What happens next? _____

When will it happen? _____

Do you know what your child's program will look like? Yes _____ No _____

See Chapter 3, Referral and Evaluation, pages 15-22 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

Will your child be educated in a general education class:

more than 80% of the time? _____

somewhere between 40-79% of the time? _____

39% or less of the time? _____

not at all? _____

Comments and notes: _____

See Chapter 3, Referral and Evaluation, pages 15-22 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

IEP MEETING

Did you receive a written notice about the meeting? Yes _____ No _____

If yes, what was the date of the notice? _____

How many days before the meeting did you receive the notice? _____

Did you receive any other reminders or notices?

Phone call _____ Visit _____ Reminder note _____ Email _____

Other _____

Did you ask to change the date, time, or place? Yes _____ No _____

If yes, did the school make a change? Yes _____ No _____

Did you go to the meeting? Yes _____ No _____

If no, why not? _____

Did the school ask for your ideas, help, or suggestions in another way?

Yes _____ No _____

How did that happen? _____

Who asked for the meeting? You _____ School _____

If you, why did you ask? _____

When was the meeting held? _____

Where was the meeting held? _____

How long did it last? _____

See Chapter 6, Individualized Education Programs (IEPs), pages 33-49 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

Who was at the meeting?

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Was anyone invited who did not attend? Yes _____ No _____

Name: _____ Position: _____

Name: _____ Position: _____

How was the absence addressed? _____

Did anyone attend who was not invited or listed on the notice? Yes _____ No _____

Name: _____ Position: _____

How was the participation of this person addressed? _____

Did your child attend the meeting? Yes _____ No _____

Why or why not? _____

Did your child actively participate in the meeting (talk about his/her preferences, offer suggestions, etc.)? Yes _____ No _____

If yes, what did they do? _____

See Chapter 6, Individualized Education Programs (IEPs), pages 33-49 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

Did you need more than one meeting to complete the IEP? Yes _____ No _____

When was the follow-up meeting? _____

What information, ideas, and opinions did you share at the meeting? _____

Were your information, ideas, and opinions included in the IEP?

Yes _____ No _____ Some _____

What was included? _____

What was *not* included? _____

What changes were made to the IEP? _____

Were you and the school staff able to agree on the IEP?

Yes _____ No _____ Partially _____

If partially, what part(s) did you agree on? _____

If partially or no, what part(s) did you disagree about? _____

See Chapter 6, Individualized Education Programs (IEPs), pages 33-49 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

If partially or no, what happened next? _____

Did you receive a copy of the IEP before you left the meeting? Yes _____ No _____

Later after the meeting? Yes _____ No _____ When? _____

Comments and notes: _____

See Chapter 6, Individualized Education Programs (IEPs), pages 33-49 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

IF TRANSITION IS PART OF YOUR IEP MEETING

Did your child attend the meeting? Yes _____ No _____

Why or why not? _____

Did your child actively participate in the meeting (talk about his/her preferences, offer suggestions, etc.)? Yes _____ No _____

If yes, what did they do? _____

Did the IEP team base the transition goals on the student's strengths, preferences, and interests? Yes _____ No _____

Was someone from an outside agency who might support the student(s) after his/her school career present at the transition meeting? Yes _____ No _____

Did the IEP team discuss the transfer of parental rights at least one year before your student reached the age of 18? Yes _____ No _____

Did the school provide you and your son/daughter with a copy of the Delegation of Rights form during the IEP meeting in the year that the student turned 17?

Yes _____ No _____

Has your son/daughter chosen to delegate his/her right to make educational decisions?

Yes _____ No _____

Did your son/daughter complete a Delegation of Rights form?

Yes _____ No _____ Date of form _____

See Chapter 8, Secondary Transition, pages 61-71 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

Does the transition plan include goals for:

Education and/or training? Yes _____ No _____

Employment? Yes _____ No _____

Adult living (if needed)? Yes _____ No _____

Did the IEP team discuss what type of diploma your son/daughter will work toward?

Yes _____ No _____

Which diploma is your son/daughter working toward?

Standard diploma _____ Special diploma or certificate of completion _____

If your son/daughter is graduating, did he/she receive a Summary of Performance (SOP)?

Yes _____ No _____

Comments and notes: _____

See Chapter 8, Secondary Transition, pages 61-71 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

REEVALUATION

Did you receive a notice about the reevaluation? Yes _____ No _____

When? _____

Was it time for a three-year reevaluation? Yes _____ No _____

If no, what is the reason for the reevaluation? _____

Did the school want to do any tests or other evaluations as part of the reevaluation?

Yes _____ No _____

If no, did you agree with the school's decision not to give new test(s)?

Yes _____ No _____

If you didn't agree, why not? _____

Did you ask the school to do new tests or other evaluations? Yes _____ No _____

Did the school agree to do the tests or evaluations? Yes _____ No _____

Were you asked to give your written consent for any new tests or evaluations?

Yes _____ No _____

Did you give written consent to any new tests or other evaluations?

Yes _____ No _____

What was the date of your consent? _____

Were the tests explained to you? Yes _____ No _____

See Chapter 3, Referral and Evaluation, pages 15-22, of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

List the name of the tests, assessments, or other type of evaluations.

Name and purpose of the test: _____

Who did the test: _____

Date of the testing: _____

Location where the test was done: _____

Name and purpose of the test: _____

Who did the test: _____

Date of the testing: _____

Location where the test was done: _____

Name and purpose of the test: _____

Who did the test: _____

Date of the testing: _____

Location where the test was done: _____

Name and purpose of the test: _____

Who did the test: _____

Date of the testing: _____

Location where the test was done: _____

Were you given a copy of the evaluation report(s) before the eligibility meeting?

Yes _____ No _____

Did someone explain the report(s) to you? Yes _____ No _____

Who did? _____

Who did not? _____

See Chapter 3, Referral and Evaluation, pages 15-22, of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

**INDEPENDENT EDUCATIONAL EVALUATION
(IEE)**

Why do you want an independent education evaluation? _____

Did you send a written request to the school asking for an independent educational evaluation? Yes _____ No _____

Did you keep a copy in your file? Yes _____ No _____

On what date did you receive a written response? _____

Did the school agree to pay for an IEE? Yes _____ No _____

What was the reason for the school's decision? _____

Did you keep a copy of the school's letter in your file? Yes _____ No _____

If the school refused to pay, then what happened next? _____

Was the IEE done? Yes _____ No _____

If yes, what was the date? _____

If yes, who paid? _____

If no, why not? _____

See Chapter 3, Referral & Evaluation, pages 15-22 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

List the name of the tests, assessments, or other type of evaluations.

Name and purpose of the test: _____

Who did the test: _____

Date of the testing: _____

Location where the test was done: _____

Name and purpose of the test: _____

Who did the test: _____

Date of the testing: _____

Location where the test was done: _____

Name and purpose of the test: _____

Who did the test: _____

Date of the testing: _____

Location where the test was done: _____

Name and purpose of the test: _____

Who did the test: _____

Date of the testing: _____

Location where the test was done: _____

Were you given a copy of the IEE report(s)? Yes _____ No _____

Who presented the results of the IEE at the IEP meeting? _____

See Chapter 3, Referral & Evaluation, pages 15-22 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

OTHER MEETINGS (AS NEEDED)

Did you receive a written notice about the meeting? Yes _____ No _____

If yes, what was the date of the notice? _____

How many days before the meeting did you receive the notice? _____

Did you ask to change the date, time, or place? Yes _____ No _____

If yes, did the school make a change? Yes _____ No _____

Did you go to the meeting? Yes _____ No _____

If no, why not? _____

Did the school ask for your ideas, help, or suggestions in another way?

Yes _____ No _____

How did that happen? _____

Who asked for the meeting? You _____ School _____

If you, why did you ask? _____

When was the meeting held? _____

Where was the meeting held? _____

How long did it last? _____

Who was at the meeting?

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

What was the purpose of the meeting? _____

What information, ideas, and opinions did you share at the meeting? _____

Results of the meeting:

Decisions: _____

Reasons for decisions: _____

What happens next? _____

When will it happen? _____

SCHOOL RECORDS

Records kept by the school:

| Record | Location (Place where record is kept.) |
|---------------|--|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Have you read the records? Yes _____ No _____

If yes, list the date of your review:

| Date of Review | Record | Location |
|-----------------------|---------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Did you ask someone to explain the records to you? Yes _____ No _____

If yes, indicate who helped:

| Name | Title | Date |
|-------------|--------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Did you ask for a copy of the records? Yes _____ No _____

Were you asked to pay for the records? Yes _____ No _____

See Chapter 13, School Records, pages 119-122 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

Did anyone tell you that you don't have to pay for the records if you could not afford them? Yes _____ No _____

Did you ask the school to change the records? Yes _____ No _____

Were you able to add your changes? Yes _____ No _____

If the school refused to change your child's records, did you add a written note explaining why you disagree with the record? Yes _____ No _____

See Chapter 13, School Records, pages 119-122 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

DISPUTE RESOLUTION CHECKLIST

(For each question, add additional sheets if you need to)

First Steps

I. Describe the problem – can you describe the problem to your school representatives in a sentence or two? _____

II. Are there any questions you need to ask (and have answered) that may help to resolve the issue(s)? List them here: _____

III. What, in your view, would solve the problem? What does the district need to do differently? Do you need to do anything differently? _____

See Chapter 11, Conflict Resolution, pages 85-111 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

IV. Have you talked this over with anyone at the district? List any discussions you've had below:

Date of Conversation/Meeting: _____

With Whom? _____

What was discussed? _____

What was the outcome? _____

Date of Conversation/Meeting: _____

With Whom? _____

What was discussed? _____

What was the outcome? _____

Date of Conversation/Meeting: _____

With Whom? _____

What was discussed? _____

What was the outcome? _____

Date of Conversation/Meeting: _____

With Whom? _____

What was discussed? _____

What was the outcome? _____

See Chapter 11, Conflict Resolution, pages 85-111 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

Date of Conversation/Meeting: _____

With Whom? _____

What was discussed? _____

What was the outcome? _____

V. Have your discussions with the district worked out a way to solve the problem(s)?

Yes _____ No _____

If yes, list what next steps, if any, need to happen and when those next steps have to be completed. Make sure to list things you need to do, if any.

What needs to occur? _____

What's the deadline for it to happen? _____

What needs to occur? _____

What's the deadline for it to happen? _____

What needs to occur? _____

What's the deadline for it to happen? _____

If you and the district haven't been able to solve the problem at this point, proceed to the next section.

Mediation

I. Would a person who doesn't work for the district help resolve the problem?

Yes _____ No _____

II. Would you be willing to sign a written agreement to solve the problem if a solution

could be worked out? Yes _____ No _____

See Chapter 11, Conflict Resolution, pages 85-111 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

III. Are you willing to be flexible about the possible outcomes (in other words, are you prepared to change your position on some things if the end result would be an acceptable solution to you)? Yes_____ No_____

IV. Is the district also willing to work with a person outside the district to help you and the district reach a solution to the problem(s)? Yes_____ No_____

If the answer to all four questions is yes, then contact ISBE Mediation Coordinator Sherry Colegrove at 217-782-5589 to arrange for a state-appointed mediator to meet with you and the district. If the answer to any one question is no, then proceed to the next section. (If you're unsure about the answer to any question, treat the question as if you answered "yes" to it.)

State Complaint or Due Process?

If you still haven't achieved a satisfactory solution to the problem(s), you may need to consider taking the next step of filing a formal complaint or hearing request. Please refer to pages 95-96 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for a comparison of the two processes.

When deciding whether to file a complaint or a request for a due process hearing, consider some of the following questions before initiating your complaint or hearing request:

- 1) Has the problem occurred within the last calendar year? (If the problem arose more than one year ago, you may have only one choice: filing for due process.)

- 2) Are you prepared to appeal the outcome if it's not to your satisfaction? (If your answer is yes, due process may be your best option because it provides for an appeal to a court of law.)

See Chapter 11, Conflict Resolution, pages 85-111 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

3) Do you have the time (and if necessary the money) to make a formal presentation of your position in the matter? (If no, the complaint process may be the way to go because it is a less formal way of making your case.)

4) Are you willing to use a legal representative if necessary to argue for your position? (If no, then you may want to consider a complaint because the complaint process doesn't involve arguing your case as you would in a due process hearing.)

Consider your answers to the questions above. If your answers to the questions suggest that a complaint is the way to go, proceed to the next section. If the answers suggest that due process is the preferred course, then proceed to the section on due process, which follows the section on complaints.

State Complaint

Date Filed (the mailing date): _____

Name of ISBE Investigator: _____

Contact number of Investigator: _____

Email of Investigator: _____

Contact Log (remember to keep copies of all correspondence or notes from each contact):

Type of Contact (phone call/email/letter): _____

Date of Contact: _____

Contact by/to whom: _____

Summary of Contact: _____

See Chapter 11, Conflict Resolution, pages 85-111 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

Next Steps, if any: _____

Type of Contact (phone call/email/letter): _____

Date of Contact: _____

Contact by/to whom: _____

Summary of Contact: _____

Next Steps, if any: _____

Type of Contact (phone call/email/letter): _____

Date of Contact: _____

Contact by/to whom: _____

Summary of Contact: _____

Next Steps, if any: _____

See Chapter 11, Conflict Resolution, pages 85-111 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

Type of Contact (phone call/email/letter): _____

Date of Contact: _____

Contact by/to whom: _____

Summary of Contact: _____

Next Steps, if any: _____

Type of Contact (phone call/email/letter): _____

Date of Contact: _____

Contact by/to whom: _____

Summary of Contact: _____

Next Steps, if any: _____

See Chapter 11, Conflict Resolution, pages 85-111 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

Due Process Hearing Request – First Steps

Refer to pages 100-101 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for completing a due process hearing request, or use ISBE suggested request form at http://www.isbe.net/spec-ed/pdfs/dp_parental_19-86a.pdf.

Date request sent to the local district: _____

Date local district received your request, if known: _____

Date you received your initial hearing packet from ISBE: _____

(Remember that you have 5 calendar days from this date to decide if you want to request a substitute hearing officer.)

Name of Hearing Officer: _____

Contact Number for Hearing Officer: _____

(The following dates can be found in your initial hearing packet from ISBE)

Preliminary Pre-hearing Conference Date: _____

Preliminary Hearing Date: _____

(Remember that these dates are subject to change by the hearing officer. **Please make note of any changes to these dates—they are EXTREMELY IMPORTANT!**)

Due Process Hearing — Pre-hearing Steps

Are you and the district going to conduct a resolution session? Yes _____ No _____

(Remember unless you and the district agree in writing to skip the process or conduct a mediation instead of a resolution session, you **MUST** participate in the resolution session.)

If yes, when is the resolution session and where? _____

See Chapter 11, Conflict Resolution, pages 85-111 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

If yes, when did you contact the hearing officer? _____

If no, have you contacted the hearing officer to explain that the resolution session will not occur? Yes _____ No _____

Date and time set for the pre-hearing conference (if different from the preliminary date listed above): _____

Location of the pre-hearing conference: _____

Deadline for submission of witness & document lists: _____

Witness list completed? Yes _____ No _____

When submitted? _____

Document list completed? Yes _____ No _____

When submitted? _____

Pre-hearing Conference Outcome

What is the final scheduled date for the hearing? _____

Where will the hearing occur? _____

Will the hearing be open or closed to the public? _____

What are the issues/questions the hearing officer will address at the hearing? _____

See Chapter 11, Conflict Resolution, pages 85-111 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

Are any district witnesses excluded from the hearing? Yes _____ No _____

If yes, who? _____

Are any of your witnesses excluded from the hearing? Yes _____ No _____

If yes, who? _____

Are any district documents excluded from the hearing? Yes _____ No _____

If yes, which ones? _____

Are any of your documents excluded from the hearing? Yes _____ No _____

If yes, which ones? _____

Deadline for submission of your final witness list and documents: _____

Any other rulings by the hearing officer? Yes _____ No _____

If yes, what were they? _____

Date you received the pre-hearing conference report? _____

See Chapter 11, Conflict Resolution, pages 85-111 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

The Hearing – Are you ready to go?

Final witness list prepared and submitted to the district and the hearing officer?

Yes _____ No _____

If yes, when submitted? _____

Clean copies of your supporting documents prepared and submitted to the district and the hearing officer? Yes _____ No _____

If yes, when submitted? _____

For witnesses who do not work for the district, have you provided them with the date, time and place for the hearing and when they should appear? Yes _____ No _____

If you need subpoenas for some witnesses, have you obtained signed subpoenas from the hearing officer? Yes _____ No _____

Have you served the subpoenas on those who require them? Yes _____ No _____

If yes, how did you serve them and when? _____

Have you reviewed both your documents and the district's documents carefully before the hearing? Yes _____ No _____

Have you reviewed both your witness list and the district's witness list carefully so you're aware of who may be testifying at the hearing? Yes _____ No _____

- ✓ If you have answered "yes" to all the questions above, you should be ready to participate in the hearing.
- ✓ Remember to listen carefully to everything being said at the hearing and to take notes throughout the hearing.

See Chapter 11, Conflict Resolution, pages 85-111 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.

The Hearing Decision

Date the hearing ended: _____

Date you received the decision: _____

Do you need to clarify anything in the hearing officer's decision or order?

Yes _____ No _____

(Remember you must file a written request for clarification of the hearing officer's decision within 5 calendar days after you receive the decision.)

Did the result of the hearing favor you or the district? _____

(If more than one issue was decided by the hearing officer, note which issues were decided in your favor and which ones were decided in the district's favor.)

***Remember that you can seek a review of the hearing officer's decision with regard to those issues with which you disagree. Your request for review must be filed in either State or Federal court within 120 calendar days of the date of the hearing officer's decision.

See Chapter 11, Conflict Resolution, pages 85-111 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.



Call List



School: _____

Phone: _____

| Who? | Name | Phone | Email |
|---|------|-------|-------|
| General Education Teacher | | | |
| Special Education Teacher | | | |
| Related Service Provider (OT, PT, Speech) | | | |
| School Psychologist; School Social Worker | | | |
| School Nurse | | | |
| Principal | | | |
| Superintendent | | | |
| Case Manager | | | |
| Special Education Administrator | | | |
| Board of Education Member(s) | | | |







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