Student’s Name______________________________________

Date___________________________________________
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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 edition was written and produced by:

Deb Kunz, ISTAC Parent Consultant
Andrew Eulass, Illinois State Board of Education
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This 2010 edition was written and produced by:

Deb Kunz, ISTAC Parent Consultant
Andrew Eulass, Illinois State Board of Education
Identifying Information for 20___ - 20___ School Year

Child 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.
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.)

<table>
<thead>
<tr>
<th>General Education Teachers</th>
<th>Special Education Teachers</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

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:

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:

My child's strengths at school are:
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

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>What does my son/daughter like to do when he/she has free time?</td>
<td></td>
</tr>
<tr>
<td>What kind(s) of paying jobs has my son/daughter done or want to do?</td>
<td></td>
</tr>
<tr>
<td>What kind(s) of volunteer work has my son/daughter done or want to do?</td>
<td></td>
</tr>
<tr>
<td>Is my young person interested in going on to school past high school?</td>
<td></td>
</tr>
<tr>
<td>What services does my son/daughter receive from state or community agencies?</td>
<td></td>
</tr>
</tbody>
</table>
## Things to Think About Before the Transition Portion of the IEP Meeting

<table>
<thead>
<tr>
<th>Question</th>
<th>Prompt</th>
</tr>
</thead>
<tbody>
<tr>
<td>What services or supports do I think my son/daughter needs from state or community agencies?</td>
<td></td>
</tr>
<tr>
<td>My son/daughter is aware of different types of jobs available in our community.</td>
<td>Yes____ No____</td>
</tr>
<tr>
<td>What kind of jobs or career paths would my son/daughter like to have?</td>
<td></td>
</tr>
<tr>
<td>Where would you like to see your son/daughter living and working five years from now?</td>
<td></td>
</tr>
<tr>
<td>Where does your son/daughter want to be living and working five years from now?</td>
<td></td>
</tr>
</tbody>
</table>
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?___________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

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: ____________________________________________

 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):______________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________

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:__________________________
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____

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: ____________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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: __________________________
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:________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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:________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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_____
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? _________________________________________________________

Comments and notes about the evaluation report(s):

________________________________________________________________________
________________________________________________________________________
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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?

________________________________________________________________________

________________________________________________________________________

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?_____________________
_____________________________________________________________________

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:__________________________
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?______________________________________________
   __________________________________________________________________
Did you receive a written notice explaining the results of the meeting? Yes_____ No_____

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

Comments and notes:______________________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
### SCHOOL RECORDS

Records kept by the school:

<table>
<thead>
<tr>
<th>Record</th>
<th>Location (Place where record is kept)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Have you read the records? Yes_____ No_____

If yes, list the date of your review:

<table>
<thead>
<tr>
<th>Date of Review</th>
<th>Record</th>
<th>Location</th>
</tr>
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<tbody>
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</table>

Did you ask someone to explain the records to you? Yes_____ No_____

If yes, indicate who helped:

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<th>Name</th>
<th>Title</th>
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Did you ask for a copy of the records? Yes_____ No_____

Were you asked to pay for the records? Yes_____ No_____
20__ to 20__ School Year

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_____

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? _____________________________________________________________________________

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_____
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.

ISBE Student Record Keeper — October 2010
See Chapter 11, Conflict Resolution, pages 85-111 of *Educational Rights and Responsibilities: Understanding Special Education in Illinois* for more information.
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


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? _________________________________
________________________________________________________________________

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.
20__ to 20__ School Year

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.

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? ____________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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(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.
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<th>Who?</th>
<th>Name</th>
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<td>Special Education Teacher</td>
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<td>Related Service Provider (OT, PT, Speech)</td>
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<td>School Psychologist; School Social Worker</td>
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<td>School Nurse</td>
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<td>Superintendent</td>
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<td>Case Manager</td>
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<td>Special Education Administrator</td>
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<td>Board of Education Member(s)</td>
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<td>Date</td>
<td>Person Contacted</td>
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