

# HANDS & VOICES ADVOCACY FORM



Please fill out this form completely. If you have letters and supporting documentation, please attach them to your reply, or mail them to us (address is at the bottom of this form)

HANDS &  
VOICES

Referred by: \_\_\_\_\_

Agency \_\_\_\_\_

Family Contact: \_\_\_\_\_

Circle: parent guardian teacher other: \_\_\_\_\_

Address, \_\_\_\_\_

City, \_\_\_\_\_ State, \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Date of Birth & Current Age: \_\_\_\_\_

**Communication Choice / Methodology** -- Circle One or any Combination & Indicate which is the Primary Mode:

**American Sign Language**

**Auditory/Verbal**

**Aural/Oral**

**Cued Speech**

**Sign Systems** (ex: SEE/Signed Exact English, PSE/Pidgin Signed English, CASE/Conceptually accurate Signed English, etc..)

**Total Communication**

Does your child have a current Communication Plan? Is it being implemented? Circle N/A or explain:

Other pertinent information about this child's communication (indicate level of hearing loss & attach audiogram if appropriate):

How does your child prefer to communicate? What's his/her first language?

Is deafness or hearing loss this child's primary label, &/or does s/he have other labels?

What is your child's IQ?

Describe the communication in your home. How does your child access information in school, at home, with siblings & hearing friends, and in other settings? Provide a picture of communication in his/her world:

School District: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ School Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Placement (Self-contained, Mainstreamed, Center-based, Neighborhood school, Combination - Explain):

Name of the professionals most familiar with & understanding of your child and situation:

1) At school \_\_\_\_\_

2) Other Service Providers \_\_\_\_\_

3) On the IEP Team \_\_\_\_\_

List other professionals with whom you or your child has had contact relevant to this situation (ex: psychologists, doctors, counselors):

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***Child's relevant identification, early intervention & educational history:***

**Advocacy Issues (check & explain all that apply & indicate priority):**

- |   |  |
|---|--|
| <input type="checkbox"/> Communication Choice/Method:         | <input type="checkbox"/> Transition:             |
| <input type="checkbox"/> Communication Access:                | <input type="checkbox"/> Other labels:           |
| <input type="checkbox"/> Peers & Deaf/HH Role Models:         | <input type="checkbox"/> Mainstream Supports:    |
| <input type="checkbox"/> Educational Placement:               | <input type="checkbox"/> Eligibility:            |
| <input type="checkbox"/> LRE (Least Restrictive Environment): | <input type="checkbox"/> IEP Goals & Objectives: |
| <input type="checkbox"/> Proficiency of Staff:                | <input type="checkbox"/> IEP Compliance:         |
| <input type="checkbox"/> Accommodations:                      | <input type="checkbox"/> Academic Standards:     |
| <input type="checkbox"/> Assistive Technology:                | <input type="checkbox"/> Assessments:            |
| <input type="checkbox"/> Cochlear Implant Re/Habilitation:    | <input type="checkbox"/> Services:               |
| <input type="checkbox"/> Audiological:                        | <input type="checkbox"/> Communication Plan:     |
| <input type="checkbox"/> Interpreters:                        | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Behavior:                            |  |

Provide a brief history of the situation complete with dates, personnel involved (including outside sources), steps taken, and attach copies of written documentation:

Have you made a written request for something related to your child's IEP to your school? Has the LEA/Lead Education Agency (school) or IEP team responded in writing to your request or proposal (attach copies)? What was the response? If you didn't receive a written response, how has the school's position been communicated to you?

Other resources/supports the family is using (ex: PEAK Parent Center):

Current status & next scheduled meetings pertaining to this issue:

What is your desired outcome? Describe how you hope Hands & Voices can help you:

Are you a current member of Hands & Voices? Our advocacy services depend largely on voluntary support. Your membership (\$25/families annually) donation to Hands & Voices helps us provide this type of support to families, and priority is given to members. If you'd like to join, please send your donation payable to Hands & Voices, PO Box 3093, Boulder, CO 80307

**FAX** this form to 303-492-3274 Attn: Janet

Or

**Mail to** Hands & Voices, PO Box 3093, Boulder, CO 80307

Thank you!