

# EDUCATIONAL PLANNING AND COUNSELING SERVICES

## INDIVIDUAL EDUCATIONAL PLAN ASSESSMENT

THANK YOU FOR TAKING THE TIME TO COMPLETE OUR ASSESSMENT

STUDENT NAME: \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL PRESENTLY ATTENDING \_\_\_\_\_

CITY/STATE/COUNTRY \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_

CURRENT GRADES ARE \_\_EXCELLENT\_\_ \_\_AVERAGE\_\_ \_\_GOOD\_\_ \_\_POOR\_\_ \_\_FAILING

BRIEFLY DESCRIBE: WHETHER YOUR CHILD HAS A CURRENT IEP?

---

---

---

---

---

---

BRIEFLY DESCRIBE: THE CURRENT INDIVIDUAL EDUCATION PLAN? DO THEY HAVE A 504 PLAN OR MANIFESTATION PLAN? DO YOU KNOW WHAT A 504 PLAN OR MANIFESTATION MIGHT BE?

DESCRIBE?

---

---

---

---

---

---

HAS THE PLAN BEEN IMPLEMENTED? WHEN AND WHAT SCHOOL?

---

---

DID YOU ATTEND THE LAST IEP MEETING? \_\_\_\_ YES \_\_\_\_ NO

WHAT HAPPENED?

DESCRIBE IN DETAIL:

---

---

---

---

BRIEFLY: TELL US HOW YOU CONTACTED OUR EDUCATIONAL CONSULTANT

---

---

---

WHAT CONCERNS DO YOU HAVE SINCE THE LAST IEP OR 504 OR MANIFESTATION PLAN MEETING?

---

---

---

BRIEFLY DESCRIBE THE OUTCOME OF THE MEETING?

---

---

---

WHO WAS PRESENT AT THE MEETING? WERE YOU THERE?  YES  NO

SCHOOL ADMINISTRATOR  SPECIAL EDUCATION TEACHER  REGULAR CLASSROOM TEACHER  PHYSICAL THERAPIST  PSYCHOLOGIST

DESCRIBE THE IMPAIRMENT DISCUSSED AT THE MEETING?

---

WAS THE IMPAIRMENT DESCRIBED BY THE FOLLOWING?

SEVERE IMPAIRMENT  MODERATE  MILDLY IMPAIRED  NOT IMPAIRED

DOES YOUR CHILD RECEIVE ANY ACCOMMODATIONS FOR THIS CONDITION? BY THE SCHOOL DISTRICT OR A COMMUNITY COLLEGE?

WHAT ARE THE ACCOMMODATIONS?

DESCRIBE:

---

---

---

WHAT WAS THE DISABILITY IDENTIFIED BY THE TEAM

COGNITIVELY IMPAIRED \_\_\_\_\_ PHYSICAL OR MENTAL IMPAIRMENT \_\_\_\_\_ OTHER IMPAIRMENT:

---

ARE YOU RECEIVING REASONABLE ACCOMMODATIONS TO ADDRESS THIS PROBLEM BY THE SCHOOL?

---

HAS YOUR CHILD EVER RECEIVED MENTAL HEALTH SERVICES? WHERE, AND WHEN>?

HAS YOUR CHILD EVER ATTENDED A THERAPEUTIC BOARDING SCHOOL BEFORE?

YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ YEAR?

---

WHAT DO YOU BELIEVE WERE THE CHALLENGES OVERLOOKED BY THE SCHOOL THEY WERE ATTENDING?

---

---

HOW DID YOU HANDLE THIS CHALLENGE?

---

DO YOU BELIEVE THEIR MIGHT HAVE BEEN NEGLECT BY THE SCHOOL? WHAT TYPE

---

WOULD YOU CONSIDER THEM ENTERING A PRIVATE SCHOOL?

---

WOULD COST BE A DETERMINING FACTOR \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ MAYBE \_\_\_\_\_ PERHAPS?

EXPLAIN: \_\_\_\_\_

HAVE YOU DISCUSSED YOUR CONCERNS WITH YOUR CHILD OF THE SCHOOL THEY ARE ENROLLED?

---

PLEASE FAX OR SEND TO US VIA EMAIL THE ANY TRANSCRIPTS OR SCHOOL RECORDS TO OUR EMAIL, WHICH IS [INFO@EDUCATIONAL-PLANNING-AND-COUNSELING.ORG](mailto:INFO@EDUCATIONAL-PLANNING-AND-COUNSELING.ORG)

WHAT IS YOUR CHILD'S INTELLECTUAL QUOTIENT? IQ \_\_\_\_\_ ?

WHAT WERE THE RESULTS: (IF NOT TAKEN PUT NONE) \_\_\_\_\_

SCORES: \_\_\_\_\_

RESULTS: \_\_\_\_\_

FINDINGS: \_\_\_\_\_

BRIEFLY TELL US WHETHER YOUR PLANS IN ADDRESSING THE IEP OR 504 OR MANIFESTATION PLAN?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE AN EDUCATION ADVOCATE?

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE IN DETAIL: \_\_\_\_\_

DO YOU NEED LEGAL ADVICE?

\_\_\_\_\_

DO YOU HAVE AN ATTORNEY \_\_\_YES \_\_\_NO?

HOW WOULD YOUR KNOWLEDGE OF THE LEGAL PROCESS IN ADDRESSING YOU CHILD'S NEEDS?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WOULD YOU SAY YOU AWARE OF THE FOLLOWING?

ISSUES OF THE IEP \_\_\_\_\_ KNOWLEDGE OF IDEA \_\_\_\_\_ KNOWLEDGE AMERICAN  
DISABILITIES EDUCATION ACT \_\_\_\_\_

HOW WOULD YOU DESCRIBE YOUR CHILD'S NEEDS SINCE HIS/HER PLACEMENT?

NEEDS HAVE BEEN ADDRESSED \_\_\_\_\_ NOT ADDRESSED \_\_\_\_\_ NEED MORE  
INFORMATION \_\_\_\_\_

TO YOUR KNOWLEDGE HAS YOUR CHILD EVER USE OR EXPERIMENTED WITH DRUGS

\_\_\_\_ YES \_\_\_\_ NO

EXPLAIN IN DETAIL:

---

HAS THIS BEEN IDENTIFIED AS A PROBLEM ON HIS OR HER IEP

---

HAS A BEHAVIORAL PLAN BEEN IMPLEMENTED (RELATED TO MISSING SCHOOL NOT  
ATTENDING OR A LEARNING DIFFERENCE?)

HAS THERE BEEN A RELAPSE IN THEIR DRUG USE OR RETURN FROM PREVIOUS BEHAVIOR  
WHICH YOU CAN EXPLAIN:

---

---

HAS YOUR CHILD EVER EXPERIENCED ANY TRAUMA OR EVENT WHICH HAS CAUSED YOU  
CONCERN? (LOSS OF FAMILY MEMBER, MOVED, CHANGE IN SCHOOLS)

---

DATE OF THE EVENT: \_\_\_\_\_ YEAR \_\_\_\_\_

HAS YOUR CHILD ENGAGED IN SELF DESTRUCTIVE BEHAVIOR? (STEALING, LYING, AND NOT  
FOLLOWING DIRECTIONS, RUNNING AWAY) AFTER THEIR PLACEMENT.

---

DESCRIBE YOUR CHILD'S LEVEL OF CONFIDENCE OR SELF ESTEEM?

---

---

---

---

DOES YOUR CHILD HAVE ANY LEARNING DIFFERENCES

DESCRIBE: \_\_\_\_\_

IS YOUR CHILD TAKING ANY MEDICATION OR RECEIVING MEDICAL ATTENTION?

\_\_\_\_\_

WHAT IS THE NATURE OF THEIR CONDITION?

\_\_\_\_\_

HOW LONG HAVE THEY BEEN UNDER THIS CARE?

\_\_\_\_\_

WHO WAS THE DOCTOR: \_\_\_\_\_?

MAY WE CONTACT THEM?

YES \_\_\_\_\_ NO \_\_\_\_\_

ADDRESS

CITY/STATE/COUNTRY

WOULD YOU DESCRIBE YOUR CHILD'S OVERALL HEALTH AS?

\_\_\_\_\_ EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ NOT SO GOOD \_\_\_\_\_ VERY POOR

WHERE WOULD YOU BE MOST COMFORTABLE IN PLACING YOU CHILD AFTER LEAVING A THERAPEUTIC OR WILDERNESS?

\_\_\_\_\_ PUBLIC SCHOOL \_\_\_\_\_ PRIVATE SCHOOL \_\_\_\_\_ BOARDING SCHOOL

\_\_\_\_\_ CHARTER SCHOOL \_\_\_\_\_ VOCATIONAL SCHOOL \_\_\_\_\_ COLLEGE

### **AGREEMENT**

BY GIVING CONSENT THE PARENT SIMPLY AGREES TO ALLOW THE EDUCATIONAL CONSULTANT TO WORK ON BEHALF OF THE FAMILY IN A PLACEMENT OR SCHOOL OR PROGRAM.

PARENT SIGNATURE

\_\_\_\_\_

FULL NAME/PLEASE PRINT

ARE YOU THE LEGAL GUARDIAN OR PARENT \_\_\_\_\_ YES \_\_\_\_\_ NO?

WHO IS THE LEGAL GUARDIAN \_\_\_\_\_?

DO YOU HAVE JOINT CUSTODY? \_\_\_\_\_

ADDRESS

\_\_\_\_\_

CITY/STATE/COUNTRY/

\_\_\_\_\_

KENNETH DAVIS MA ED EDUCATIONAL CONSULTANT

DATE/MONTH/YEAR COMPLETED ASSESSMENT

**PLEASE FAX THE FORM TO OUR FAX: 623 322-9481**