Educational Program Questionnaire

Using this Questionnaire: Those employing this questionnaire are encouraged to read <u>Special</u> <u>Education Battlefield</u>, as well as the booklet <u>Health Care Providers Guide to Special Education</u>, both by Attorney, Andrew K. Cuddy. The "red flags" below will be better understood by the health care provider, and the valuable information in the book can be shared with the parent. Although this list is not "all inclusive," this list is intended to assist Health Care Providers, General Practice Attorneys and parents alike in identifying if special education advocacy is needed to ensure that a child's needs are met. Any feedback regarding this questionnaire can be forwarded to Todd Kotler via email at <u>TBKotler@SBCGlobal.net</u>.

- Y N
- □ □ Is the parent happy with the child's program?
- \Box \Box Is the child in a school-based program?
- □ □ Is the child placed with students of similar needs and abilities?
- □ □ Has the child progressed since the last visit to the health care provider?
- □ □ Is the parent happy with the progress the child is making in the educational program?
- □ □ Is the child attending a full-day of school?
- \Box Is the child reading on grade level?
- □ □ Has the child have lengthy or multiple suspensions from school?
- □ □ Is the school district "pushing" medications?

Notes:

- Y N
- □ □ If the child exhibits unexplained negative behaviors, has a Functional Behavioral Assessment (FBA) been conducted?
- Does the child have a Positive Behavioral Support Plan?
- □ □ If so, is that plan based on an FBA?
- □ □ If the child exhibits unexplained negative behaviors, has a sensory integration evaluation been conducted?
- □ □ Has the school district evaluated the child in all areas of suspected disability?
- Is the child receiving an appropriate methodology to address the needs associated with the disability?
- □ □ Is the school district employing restraints, "time out rooms, or other aversive interventions?

End here if the child is not diagnosed with an ASD or is under age 14.

Questions specific to children with Autism Spectrum Disorders and for children over the age of 14 are contained on page two.

Questions specific to children diagnosed with Autism Spectrum Disorders; including Autism, Rett's Syndrome, Kanner's Syndrome, PDD-NOS, and Asperger's Syndrome.

Y N

- □ □ Is the child classified with "Autism" by the School District?
- Does the child receive <u>daily</u> speech/language services in small group?
- □ □ Do the parents receive parent counseling and training specific to their child's program?

Notes:

Y N

 $\hfill\square$ $\hfill\square$ Is the child afforded any contact with non-disabled peers?

□ □ Are the child's sensory needs evaluated and are they being met?

□ □ Is the child receiving transition support services by a teacher with a background in teaching children with autism.?

Questions Specific for children 14 years and older.

Y N

- □ □ Is there any plan of services to transition the child to independent adult living, including college, vocational training, day habilitation, etc.?
- □ □ Does the child need a guardian for medical, financial or personal decision making?

Y N

- Does the family have a plan for long-term adult living?
- Has the family engaged in special needs planning to address the child's financial needs in the proposed adult setting?
- Has a plan been developed for moving the child to adult living arrangements, if necessary

Notes: