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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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](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](http://www.isbe.net/spec-ed/default.htm).

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’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>
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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____
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: __________________________
Name: __________________________ Position: __________________________
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____
20__ to 20__ School Year

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: __________________________________________
________________________________________________________________
________________________________________________________________
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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?________________________________________________
Who was at the meeting?

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.
20__ to 20__ School Year

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: ______________________________________________________
________________________________________________________________________
________________________________________________________________________
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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: __________________________
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?
20__ to 20__ School Year

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:__________________________________________________________  
___________________________________________________________________________  
___________________________________________________________________________  
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SCHOOL RECORDS

Records kept by the school:

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Have you read the records? Yes_____ No_____

If yes, list the date of your review:

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<thead>
<tr>
<th>Date of Review</th>
<th>Record</th>
<th>Location</th>
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Did you ask someone to explain the records to you? Yes_____ No_____ 

If yes, indicate who helped:

<table>
<thead>
<tr>
<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_____ 

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?

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_____
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: _____________________________________________

____________________________________________________

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____________________________________________________

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: ____________________________________________________________________________
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Next Steps, if any: ___________________________________________________________________________
_______________________________________________________________________________________________
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_______________________________________________________________________________________________

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

Date of Contact: ________________________________

Contact by/to whom: ______________________________

Summary of Contact: ____________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Next Steps, if any: ___________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
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.
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? ________________________________

**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.

## Call List

<table>
<thead>
<tr>
<th>Who?</th>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
<tr>
<td>General Education Teacher</td>
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<tr>
<td>Special Education Teacher</td>
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<tr>
<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>Principal</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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<tr>
<td>Board of Education Member(s)</td>
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## TELEPHONE LOG:

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<tr>
<th>Date</th>
<th>Person Contacted</th>
<th>Notes:</th>
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