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Advocacy Informational Questionnaire

1. Child's Name: _____
2. Parent/Guardian's Name(s): _____
3. Sibling Name(s) and Age: _____
4. Child's Diagnosis: _____
5. Does your child have an IEP or 504 plan? _____ If yes, which one? _____
6. School Your Child Attends with Address: _____

7. Current Grade Level and Teacher(s): _____
8. Special Services Currently Receiving: _____

9. Why do you need advocate? _____

Please come to prepared for initial meeting by bringing the following information.

- any paper trail with school including previous IEP drafts, test scores or letters from staff
- private evaluations or reports from medical professionals
- diagnostic paperwork
- school and personal schedule

*** Starting August 1, 2014 Hope Helps is requiring a \$100 donation fee per case to advocate for one complete school year. This includes IEP prep, letter writing, organizing files as well as attending meetings.