

Encouraging Kids Family Resource Center

3632 Nottingham Way, Hamilton Square, NJ 08690

Office 609-848-1400 ~ Fax 609-848-1401 ~ Email: info@encouragingkids.org

Education Advocacy Services

If your child is struggling in school and you're not sure where to start; we may be able to help. Whether your child is receiving special education services, resource room help, tutoring, experiencing behavioral challenges, or any other issues at school or at home, we can provide a non-attorney advocate to assist you.

Our advocates have decades of experience working with parents, schools, clinicians, and others to ensure the most appropriate and beneficial academic outcome for your child. Our advocates will review records, explain your options, and accompany you to school meetings as needed.

Navigating this difficult, complicated, confusing process alone can be overwhelming at times. Our rates are extremely affordable. We will work with you to develop a plan for success for your child.

**Although we DO NOT provide any educational (tutoring) or clinical services (therapy or counseling) we can provide referrals for those services through a variety of community resources.*

Call, email, or stop by our offices today for more information.

Liz Porcelli, Executive Director

Encouraging Kids Family Resource Center

Encouraging Kids Family Contact Information

Child's Name _____ Child's Age _____ Child's Date of Birth _____

Male ___ Female ___ Child's Primary Language _____ Current School District _____

<u>Child currently receives services/supports through:</u> Individual Education Plan (IEP) _____ 504 Plan _____ Intervention & Referral Services (I&RS) _____ Behavior Intervention Plan _____ Resource Room _____ Private Tutoring _____	<u>Child's Current Location (check one):</u> Home _____ foster home _____ group home _____ Relative _____ residential treatment center _____ Shelter _____ therapeutic foster care _____ youth detention/ Incarceration _____ runaway _____ psychiatric facility _____ independent living _____
<u>Child has been diagnosed with (check all that apply):</u> impulse control disorder _____ Dyslexia/Dysgraphia _____ ADD-ADHD _____ mood disorder _____ anxiety _____ pervasive developmental disorder _____ autism spectrum disorder _____ Cognitive disability _____ substance abuse issue _____ Auditory Processing Dis. _____ other (please specify): _____	<u>How were you referred to Encouraging Kids?</u> Teacher _____ School _____ Another Parent _____ PerformCare _____ DCP&P (formerly DYFS) _____ Juvenile Probation _____ UCM/CMO _____ FSO _____ Court _____ Mental Health Provider _____ SPAN _____ Internet search _____ Other (please specify): _____
<u>Have you previously:</u> <u>Requested</u> Child Study Team Evaluations _____ <u>Completed</u> Child Study Team Evaluations _____ <u>Requested</u> Independent Evaluations _____ <u>Completed</u> Independent Evaluations _____	<u>Primary Caregiver (check one):</u> Mother _____ Father _____ Grandparent _____ Aunt/Uncle _____ Other (please specify): _____ Name: _____ Sex _____ Address: _____ Town/City: _____ zip _____ Home phone: _____ Cell phone _____ Email: _____

List 3 goals you would like to accomplish while involved with our agency (use back of this paper if needed):

Goal #1 _____

Goal #2 _____

Goal #3 _____

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I hereby authorize Encouraging Kids FRC to release / obtain verbal or written information contained in my child's (child name) _____ and/or parent/guardian's (parent name) _____ records to or from the following individual(s) and/or organization(s) and only under the conditions listed below.

Name of person(s) or organization(s) from which disclosure/exchange is permitted:

- ☐ Family/Child Team (Individual Service Plan)
- ☐ Children's Behavioral Health Services (PerformCare / Children's System Of Care)
- ☐ _____ School Child Study Team
- ☐ _____ School District Personnel
- ☐ Other (specify) _____
- ☐ Other (specify) _____
- ☐ Other (specify) _____

This consent is subject to revocation at any time. This consent will terminate within one year.

Child / Teen Signature (if 14 years of age or older)

Date: _____

Parent / Guardian Signature

Date: _____

Authorized Advocate Signature

Date: _____

Federal Law protects the confidentiality of the information disclosed. Federal regulations (42CFR Part 2) prohibit making further disclosure of this information without specific written consent of the person or who pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical information IS NOT sufficient for this purpose.