Encouraging Kids Family Resource Center

3 Nami Lane, Suite #10, Hamilton, NJ 08619

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

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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 _____

Child currently receives services/supports through:	**Child's Current Location (check one):**
Individual Education Plan (IEP)_____ 504 Plan _____ Intervention & Referral Services (I&RS) _____ Behavior Intervention Plan _____ Resource Room _____ Private Tutoring _____	Home____ foster home____ group home____ Relative____ residential treatment center____ Shelter____ therapeutic foster care____ youth detention/ Incarceration____ runaway____ psychiatric facility____ independent living____
Child has been diagnosed with (check all that apply): 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):_____	**How were you referred to Encouraging Kids?** Teacher____ School____ Another Parent____ PerformCare____ DCP&P (formerly DYFS)____ Juvenile Probation____ UCM/CMO____ FSO____ Court____ Mental Health Provider____ SPAN____ Internet search____ Other (please specify):_____
Have you previously: *Requested* Child Study Team Evaluations _____ *Completed* Child Study Team Evaluations _____ *Requested* Independent Evaluations _____ *Completed* Independent Evaluations _____	**Primary Caregiver (check one):** 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.

_____ Date:_____

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

_____ Date: _____

Parent / Guardian Signature

_____ Date: _____

Authorized Advocate Signature

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.