
Family Preparedness Plan: Child Disability Addendum

Create a separate plan for each child with a disability.

Family Name:

Parent(s) Full Name:

Child Name:

Designated Caregiver Name:

Child IEP Information

1. School, District, Teacher, Grade:

School address and phone number:

Teacher email:

2. Qualifying Disability/Disabilities:

3. IEP or 504 Plan? Attach the current copy to the preparedness plan/binder/folder.

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4. Case manager name, email, phone number:
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5. Does the child have school transportation in their IEP?

☐ YES

☐ NO

If the child has school provided transportation in their IEP the designated caregiver needs to call or email the case manager and/or school as quickly as possible to change the pick up/drop off location and instructions to reflect the caregiver's residence. IEP transportation is typically door to door pick up and drop off. Provide the contact information for the point of contact for transportation changes:

Child IEP Instructions and Preparedness Checklist

- ☐ Complete the Caregiver Authorization Affidavit with your caregiver. Include it in the preparedness plan binder/file and give the original to the designated caregiver.
 - ☐ Caregiver Authorization Affidavit form:
<https://www4.courts.ca.gov/documents/caregiver.pdf>
- ☐ Create an IEP Binder and keep it up to date with all current documents
 - ☐ To obtain the complete special education records for the child email a FERPA records request for the full cumulative educational record to the special education office and the school principal.
 - ☐ Organize those files into a binder and keep it updated when there are new IEP or IEP amendments. Place a printed copy of the document in the binder.
 - ☐ The designated caregiver has been informed of the location of the IEP binder.
 - ☐ Create a secondary file that is electronic using a file sharing platform like Google Drive. Create a shared folder with the designated caregiver and yourself so you both have online access to the records should the binder be inaccessible to either of you for any reason.
 - ☐ Invite your designated caregiver to IEP meetings moving forward. This will help that person be familiar with what your vision for your child is, your child's progress and with the IEP process and team. It is better to have that person as a member of the team before they have to suddenly step into the caregiver role.

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- ☐ Write a detailed letter (or make an audio recording) to your designated caregiver outlining your future vision for your child. Include what independence should look like for your child, what you wish for them academically and socially. Anything that you feel is important for that person to be able to make decisions on your behalf for your child in the way you would.

Additional Services and Support Information

Regional Center (California only)

**If you are in a state that has a similar program but with a different name, just edit/adapt this section to note the name of that program.*

Is the child a Regional Center client?

- ☐ Yes
☐ No

Regional Center Name:

Regional Center worker name, email, phone number

Does your child receive any current/active Regional Center Services such as Respite Care, Social Skills classes, regional center funded activities, etc?

- ☐ No
☐ Yes.

If yes, these services are:

If your child receives Respite Care provide name and contact information of the child's respite worker:

IHSS (In Home Support Services - CA and CO only)

**If you are in a state that has a similar program but with a different name (such as New York's CDPAP or Illinois CCP, just edit/adapt this section to note the name of that program.*

Is your child an IHSS (In Home Support Services) recipient?

- ☐ Yes
☐ No

If yes, who is your child's IHSS service provider? Include their contact information and note if they are a "parent provider" - meaning a parent is the IHSS caregiver:

If yes, provide the name and contact information of your child's IHSS case manager:

If yes, how many hours of IHSS does your child receive per month?

If yes, provide the online login information for your child's IHSS account:

Username:

Password:

Outside Therapies

Does your child attend any services outside of their school services such as speech, occupational therapy, physical therapy, social skills groups, etc?

- ☐ Yes
☐ No

If so, list those therapies, providers and their contact information:

Disabled Adult Child Specific Information

Applicable to families/caregivers with a disabled adult child 22 yrs and older. If your child is not an adult, skip this portion.

Is your child conserved?

☐ Yes

☐ No

If yes, who is their legal conservator?

If yes, attach a copy of the conservatorship court documents with the preparedness plan.

Day Program Information

If your child is an adult and attends a specialized day program, complete this section. If not, skip this section.

Name and contact information for the day program:

Location/Address of the day program:

Days/hours of attendance at day program:

Additional day program information:

Medical Information

List all medical diagnosis for your child:

Medical Insurance Information: include type of insurance, medical insurance ID number and attach a photo copy of the medical identification card with the plan.

Does your child have MediCal/Medicaid insurance coverage?

- ☐ Yes
☐ No

If not, does your child have health insurance?

- ☐ Yes
☐ No

If yes, provide the health coverage and/or MediCal/Medicaid identification number:

Child's primary care physician name and contact information:

List all medical specialists, their specialty (ex: psychiatrist, neurologist, oncologist) and their contact information:

List all of your child's medications. Include dosage, time of day medication is given,, side effects or things to watch for:

List all Dietary Restrictions (ex: dairy, gluten, meat, nuts) and include any food consistency requirements (ex: soft foods, liquid food, GT tube feeding):

List all allergies including food, medication, environmental:

Additional Important Information

List and describe your child's preferences such as favorite television shows, favorite foods (and foods the child does not like), favorite animals, games, music/songs, clothing preferences, favorite colors, etc. Anything your child prefers that you feel is important for someone to know:

List your child's favorite activities such as swinging on swings, horseback riding, swimming, singing, dancing etc.

If your child has sensory needs please list them. Such as no tags on shirts, trampoline access, weighted blankets for pressure, fidgets, intense dislike of certain smells, noise, bright lights, etc:

If your child has preferred items (for example a blanket, stuffed animal, book) please list them and describe where the caregiver can find them:

Financial/Banking Information

List any and all bank accounts your child has or you have for your child. List the bank name, branch and account number.

Does your child receive SSI?

- ☐ Yes
☐ No

If yes, attach the SSI documents to the family plan.



Family, Friends, Advocate Contacts

List the names and contact information for all the important people in your child's life such as grandparents, aunts/uncles, mentors, special neighbors or family friends:

Does your child have an educational advocate or educational attorney?

- ☐ Yes
☐ No

If yes, provide their name and contact information:

If your child has an advocate or an attorney for their educational needs, ensure you notify the advocate or attorney that you have a Family Preparedness Plan and provide them a copy of the plan.



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