

Family Resource Center



Care Notebook



MemorialCare[™]
Miller Children's & Women's
Hospital Long Beach

MillerChildrens.org/FRC

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Long Beach Family Resource Center at MemorialCare Miller Children's & Women's Hospital Long Beach Care Notebook

What is a Care Notebook?

A Care Notebook is a tool for parents, families and caregivers to use to help maintain the health, school and service records of their child with special needs. You will find that this Care Notebook will help to empower you to be an active participant in your child's care by better understanding your child's conditions, treatments and medications.


Important Information to Put in the Care Notebook:

- List of medications and treatments, tests and procedures
- Phone numbers of health care providers, school, resources and community organizations
- Your child's health history
- Important dates to add to the Family Resource Center calendar (included with your notebook, or found online at MillerChildrens.org/FRC)
- IFSP, IEP, IPP and other plans

Steps to Setting Up Your Child's Care Notebook:

- **Collect** all the information you already have about your child. This may include reports from recent doctor visits, immunization records, a summary of most recent hospital stay, this year's school plan, test results and community resources.
- **Choose** information that you look up most often that is needed by others to care for your child.

Helpful Hints in Using the Care Notebook:

- Keep the notebook where it is easy to find. This helps you and anyone who needs information in your absence or in an emergency.
- Add new information to the care notebook when there is a change in your child's health plan.
- Take the Care Notebook with you to appointments, hospital visits, therapies, school meetings and even on vacation. This way you will always have important information with you.
- Look for this  symbol throughout your Care Notebook for helpful hints/tips from other parents.

We are available in the Family Resource Center at MemorialCare Miller Children's & Women's Hospital Long Beach to help you set up your child's Care Notebook. You may contact us at **(562) 933-8050**.

Important Phone Numbers



Important Phone Numbers

Health Care Team



Life-Threatening Emergency: **Call 9-1-1**

Primary Hospital

Hospital:	
Address:	City:
Your Child's Medical Record Number (if known):	
Social Worker Name/Number:	
Specialty Clinic:	Care Coordinator:
Emergency Room Phone Number:	

Primary Care Physician

Name:	
Address:	
City:	Zip Code:
Telephone:	Fax:
Hours:	Email:

Urgent Care (After Hours Clinics)

Name:	
Address:	
City:	Zip Code:
Telephone:	Fax:
Hours:	Email:

Pharmacy/HomeCare Pharmacy

Name:	
Address:	
City:	Zip Code:
Telephone:	Fax:
Hours:	Email:
Product/Prescription:	

Important Phone Numbers

Insurance Companies



Primary Medical Insurance

Name of Insurance:	
Primary Insurance Holder:	
Medical Insurance Numbers:	
Telephone:	Fax:

Secondary Medical Insurance

Name of Insurance:	
Primary Insurance Holder:	
Medical Insurance Numbers:	
Telephone:	Fax:

California Children's Services (CCS)

CCS ID Numbers:		
Address:	City/Zip code:	
Contact Person/Position:	Telephone:	Hours:
Contact Person/Position:	Telephone:	Hours:
Contact Person/Position:	Telephone:	Hours:

Medi-Cal

Medi-Cal ID Number:		
Address:	City/Zip code:	
Contact Person/Position:	Telephone:	Hours:

Important Phone Numbers Supplies



Medical Equipment Supplier (DME Supplier):

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

Notes (Delivery Schedule, Order Schedule, Etc.): _____

Item	Description	Quantity	Notes

Important Phone Numbers



Transportation

Special Transportation

Transportation Agency: _____

Contact Person: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

Notes (Delivery Schedule, Order Schedule, Etc.): _____

Date	Pick-up time	Notes

Family Health Information



Family Health Information

Family Information



Child's Information

Name:		Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Birth Date:	Birthplace:		
Child's Address:			
Blood Type:			
Diagnosis:			
Religion:			

Mother's Information



Name:		
Birth Date:		
Address:		
Occupation:	Work Telephone: ()	
Business Name:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Business Address:		
Language Spoken at Home:		

Father's Information



Name:		
Birth Date:		
Address:		
Occupation:	Work Telephone: ()	
Business Name:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Business Address:		
Language Spoken at Home:		

Family Health Information

Contacts & History



Person to Contact in an Emergency

Name:	Telephone: ()
-------	-------------------

Child Care Contacts

Name:	Telephone: ()
-------	-------------------

Benefits Child Receives

SSI:
SSA:
IHSS:
CalFresh:
WIC:

Care Agency

Respite Care Agency:	
Name:	Telephone: ()

Family Health History

Problem:	Name:	Relation to Child:

Family Health Information

Child's Birth Information

Pregnancy

Previous Pregnancy History:			
Initial Prenatal Care Visit:	Months :	Weeks:	Lbs.:
Was Pregnancy Normal?: Yes <input type="checkbox"/> No <input type="checkbox"/>			
General Health After Pregnancy:			

Pregnancy Complications

Dates

Medication During Pregnancy

Dates

Illness During Pregnancy

Dates

Child's Birth

Birth was: Single <input type="checkbox"/> Multiple <input type="checkbox"/> Premature <input type="checkbox"/> Full term <input type="checkbox"/> Post term <input type="checkbox"/>	
Place: Home <input type="checkbox"/> Hospital <input type="checkbox"/> Other <input type="checkbox"/>	
Physician's Name:	
Address:	
Weight at Birth: ____ Lbs. ____ Ounces ____	Length: ____ Inches ____
Abnormalities:	

Child's Hospitalization at Birth

Normal: <input type="checkbox"/>	Duration of Hospitalization:
Intensive Care: <input type="checkbox"/>	Duration:

My Child's Health Information



My Child's Health Information Overview

This Section is For:

- The collection of information that describes my child's health, developmental, evaluation and assessments

How to Use it:

- Update your child's developmental and assessments information at all times

In this Section:

✓ Care Schedule

✓ Child's Health Information

- Diagnosis, procedures, surgeries and hospitalizations
- Medication log
- Diagnostic test and lab test (organize by date, most recent in front)
- Physical examinations and immunization records
- Childhood illnesses and accidents
- Allergies and reactions to procedures

✓ Child's Evaluation and Developmental Assessments

- Medical evaluations
- Occupational or physical therapy evaluations
- Speech, language and hearing evaluations
- Psychological and neurological evaluations

✓ Child's Developmental Information

- Child's physical development
- Child's activity and social development
- Speech development, nutritional, hearing and vision information



Helpful Hints

- Organize hospital discharge information in order by date (most recent in front).
- Ask the pharmacist for additional medication labels.
- Include a copy of your child's immunization records.

My Child's Health Information

Care Schedule



Day 

Time	Care

Night 

Time	Care

My Child's Health Information

Care Schedule



Day



Time	Care

Night



Time	Care

My Child's Health Information

Care Schedule



Day



Time	Care

Night



Time	Care

My Child's Health Information

Diagnoses, Procedures, Surgeries & Hospitalizations



Organize information in order by date

Diagnosis	Age	Date

Procedures /Operations/ Hospitalizations	Age	Date	Treatment

My Child's Health Information

Medications Log



Ask the pharmacist for additional medication labels and attach here

Start Date	Finish Date	Name of Medication/How Much/ How Often/How To Give The Medication And Where To Give It	Prescribed By (Name of Doctor)	Prescription #	Pharmacy Phone #

My Child's Health Information

Medications Log



Ask the pharmacist for additional medication labels and attach here

Start Date	Finish Date	Name of Medication/How Much/ How Often/How To Give The Medication And Where To Give It	Prescribed By (Name of Doctor)	Prescription #	Pharmacy Phone #

My Child's Health Information

Medications Log



Ask the pharmacist for additional medication labels and attach here

Start Date	Finish Date	Name of Medication/How Much/ How Often/How To Give The Medication And Where To Give It	Prescribed By (Name of Doctor)	Prescription #	Pharmacy Phone #

My Child's Health Information

Diagnostic Tests/Lab Tests

Date	Test	Result	Age

My Child's Health Information

Physical Examinations and Immunization Records



This section is a good place to keep a copy of your child's immunization records

Physical Examinations

Dates	Height/Weight	Comments

My Child's Health Information

Childhood Illnesses and Accidents



Childhood Illnesses

Type of Illness	Age	Date	Treatment

Childhood Accidents

Type of Accident	Age	Date	Treatment

My Child's Health Information

Allergies and Reactions to Procedures



Allergies

Date	Allergy	Type of Reaction

Reactions to Procedures

Date	Procedure	Type of Reaction

My Child's Health Information Evaluation and Developmental Assessments



This section is a good place to include a copy of your child's evaluation results in the Care Notebook.

Indicate the evaluations that your child has received and attach a copy of the report.

- Medical
- Developmental
- Hearing
- Occupational or Physical Therapy
- Speech and Language
- Psychological
- Neurological

My Child's Health Information

Developmental Information

Child's Developmental Activities

Activity	Date Achieved	Age
He/she kept his/her head up		
Slept through the night		
Grasped and held objects with their hands		
Sat alone		
Rolled from stomach to his back		
Crawled		
Pulled to stand up		
Walked alone		
Climbed into a chair		
Fed his/herself finger foods		
Used cup alone		
Used spoon alone		
Bladder trained		
Bowl trained		
Removed clothing		
Assisted in dressing		
Put on jacket		
Put on shoes		
Buttoned clothing		
Threw ball		
Caught ball		
Rode tricycle		
Scribbled		

My Child's Health Information

Developmental Information

Social Developments

Social Behavior	Date Achieved	Age
Smiles in response to a face/voice		
Increased activity at sight of toys		
Aware of strangers		
Make rounds in response to others		
Give a kiss		
Cries when caregiver leaves the room		
Played peek-a-boo		
Offered a toy		
Hugged a toy		
Put toys inside one another		
Block building		
Imitated every day activities of others		
Plays pretend games		

Speech Development

Skill	Date Achieved	Age
Babbled		
Started vocalizing at others		
Made sounds while playing along		
Used three word sentences		
Imitated sounds		
Obtained objects by pointing and vocal cues		
Used words to express needs		

My Child's Health Information

Developmental Information

Nutritional Information

Activity	Date Achieved	Age
Accepted breast milk/formula		
Accepted strained foods		
Held bottle along		
Picked up bottle and put to mouth		
Picked up and ate bite-sized food		
Used cup alone		
Used spoon alone		

Hearing Information

	Date	Age
<input type="checkbox"/> No hearing loss		
<input type="checkbox"/> Near normal		
<input type="checkbox"/> Moderate difficulty		
<input type="checkbox"/> Severe difficulty		
<input type="checkbox"/> Total deafness		
<input type="checkbox"/> Hearing loss, one ear		

Vision Information

	Date	Age
<input type="checkbox"/> No vision loss		
<input type="checkbox"/> Near normal		
<input type="checkbox"/> Moderate difficulty		
<input type="checkbox"/> Severe difficulty		
<input type="checkbox"/> Total blindness		
<input type="checkbox"/> Vision loss, one eye		

Rights and Responsibilities Overview

- **Become Your Child's Best Advocate**
 - Learn all that you can about your rights as a parent and your child's rights.
- **Attend Training Workshops to Learn More About Your Rights**
 - Check in at the Family Resource Center at Miller Children's & Women's for more information.
- **Talk to Parents of Other Children with Special Health Care Needs**
 - It is comforting to be supported by another family who has a child with special needs. Information about support groups, educational programs and parent-to-parent contacts are available in the Family Resource Center. Call **(562) 933-8050**.

In this Section:

- ✓ **Parent's Bill of Rights and Responsibilities**
- ✓ **Child's Bill of Rights and Responsibilities**
- ✓ **Copies of Child and Parental Rights Information**
- ✓ **Information on Public Laws and Legislations**
- ✓ **Signed Consent and Agreement Forms**



Right and Responsibilities

Parent's Bill of Rights and Responsibilities

Parents of Minors Have the Right to:

- Know the name of the doctors, nurses and other staff caring for your child.
- Hear from your child's doctor in words that you understand about your child's medical problem, the way we will treat it, what we expect to happen, and instructions you need to care for your child at home.
- Be involved in making the plan for your child's care and getting ready to go home.
- Look at your child's chart if you want, get a copy for a small charge.
- Talk freely with the doctor and ask questions.
- Know why your child is given test and treatments, and who gives them.
- Get all the information you need to decide if you want your child to have any procedure or treatment. This information will include the possible risk and benefits, as well as other treatments, if any exist.
- Change your mind about any procedure after you have signed a consent form.
- Refuse to sign a consent form if you do not understand what it says or you need more information.
- Cross out and sign any part of the consent form if you do not want to be a part your child's care.
- Refuse treatment or leave without treatment and be informed of what might happen to your child if you do this.
- Limit the number of people that can visit your child, except as stated by the court order.
- Expect that your child's privacy be respected as much as possible.
- Expect all information and records about your child's care; include the source of payment for treatment, to be confidential.
- State questions and concerns about care or services by talking to the right staff member and to be told about the way complaints and grievances are handled.
- Request a meeting or second opinion from another doctor.
- Request emotional or spiritual support.
- Meet with Bioethics Committee, if you strongly disagree with the medical treatment of your child.
- Change doctors of hospital.
- To be told why your child needs to be moved to another hospital.
- To see and get an explanation of your child's bill regardless of your source of payment.

California State Law limits the rights of Parents/Guardian to refuse to consent to life-saving treatment for their children.

Rights and Responsibilities

Child's Bill of Rights and Responsibilities

As a patient of Miller Children's & Women's, I have these rights:

- To be called by my name, or by a name I prefer.
- To receive a smile and loving care.
- To be given careful evaluation, and courteous, prompt treatment.
- To know the names of my doctors, my nurses and any others who help care for me.
- To have my basic needs met — to be clean, dry, comfortable and without restraints whenever possible.
- To have my routine followed whenever possible — uninterrupted sleep, quiet times, playroom, school and the comfort of my parents and family members. My schedule (inpatient and outpatient) should be designed for my convenience as much as possible.
- To have a schedule for my tests and procedures that does not keep me hungry or thirsty any longer than necessary.
- To be provided appropriate explanations and preparation for any medical procedures.
- To make choices whenever possible when they do not interfere with the quality of my care.
- To have my discomfort or pain identified and be provided with appropriate support and/or medication to keep me as comfortable as possible.
- To cry and make noise, or object to anything that hurts me.
- To have my parent with me any time that they are able to stay, as long as it does not compromise my care. This includes x-rays, lab tests, etc.
- To have an interpreter for my family and me whenever possible. My family has a responsibility to help provide this.
- To be told what is happening to me, and to have any questions answered honestly, in words I can understand.
- To have confidentiality about my illness.
- Not to have people talk about me over my bed, in an exam room, outside the door or in the hallway unless I know what is happening.
- To be discharged from the hospital as soon as possible without compromising my health.

The "Child's Bill of Rights and Responsibilities" is not a legally binding document. This material comes from the National Association of Children's Hospital Association (CHA). Miller Children's is a member of CHA.

My Health Care Team



My Health Care Team



- **This Section is for:**
 - The collection of documents provided by agencies and programs that describe the services your child receives.
- **How to Use it:**
 - Keep a list of agencies, physicians, and specialists that see your child.
 - Insert communication worksheet into the appropriate section.

In this Section:

- ✓ **Business Card Holder**
- ✓ **Appointment Log**
- ✓ **Agencies/Programs Working with Families**
- ✓ **Home Health Care Agencies and Respite Care Providers**
- ✓ **Physician, Specialist**
- ✓ **Therapists**
 - Occupational, Physical and Speech-Language
- ✓ **Dentist and Orthodontist**



Helpful Hints

- Update the agency, physician and program information on a regular basis.
- Provide photocopies to new doctors that would like to inquire about who your child has already seen. (Put the doctors' business cards in the plastic cardholder. It saves time.)

My Health Care Team

Appointment Log

Steps to a Satisfactory Medical Appointment:

1. Write down your concerns/questions before you go to your child's medical appointment.
2. Number your concerns in questions. Make the number one the most important.
3. Show the provider your list. Write down any answers to your questions.
4. Talk to the provider about options for handling your concerns/questions.



Date	Provider	Questions/Concerns to be Discussed	Reason Seen/Care Provided	Next Appointment

My Health Care Team

Agencies Working with My Family

Date:	Date:
Agency:	Agency:
Contact:	Contact:
Telephone:	Telephone:
Email:	Email:
Fax:	Fax:

Date:	Date:
Agency:	Agency:
Contact:	Contact:
Telephone:	Telephone:
Email:	Email:
Fax:	Fax:

My Health Care Team

Local Regional Centers

Regional Centers	Executive Directors	Service Area
Eastern Los Angeles Regional 1000 South Fremont Alhambra, CA 91802-7915 <i>Mailing Address:</i> P.O. Box 7916, Alhambra, CA. 91802-7916	Gloria Wong (626) 299-4700	Eastern Los Angeles County, including the communities of Alhambra and Whittier
Frank D. Lanterman Regional Center 3303 Wilshire Blvd., Suite 700 Los Angeles, CA 90010	Diane Campbell Anand (213) 383-1300	Central Los Angeles County, including Burbank, Glendale and Pasadena
Harbor Regional Center 21231 Hawthorne Blvd. Torrance, CA 90503	Patricia Del Monico (310) 540-1711	Southern Los Angeles County, including Bellflower, Harbor, Long Beach and Torrance
Inland Regional Center 674 Brier Dr. San Bernardino, CA 92408 <i>Mailing Address:</i> P.O. Box 6127, San Bernardino, CA 92412-6127	Carol Fitzgibbons (909) 890-3000	Riverside and San Bernardino County
Kern Regional Center 3200 North Sillect Ave. Bakersfield, CA 93308	Michael C. Clark, Ph.D. (661) 327-8531	Inyo, Kern and Mono County
North L.A. County Regional Center 15400 Sherman Way, Suite 170 Van Nuys, CA 91406-4211	George Stevens (818) 778-1900	Northern Los Angeles County, including San Fernando and Antelope Valley
Regional Center of Orange County 1525 North Tustin Ave., Santa Ana, CA 92705	Larry Landauer (714) 796-5100	Orange County
South Central L.A. Regional Center 650 West Adams Blvd., Suite 200 Los Angeles, CA 90007-2545	Dexter Henderson (213)744-7000	Southern Los Angeles County, including Compton and Gardena
Westside Regional Center 5901 Green Valley Circle, Suite 320 Culver City, CA 90230-6953	Michael Danneker (310) 258-4000	Western Los Angeles County, including Culver City, Inglewood and Santa Monica

My Health Care Team

Regional Center, Family Resource Center & Community Agency

Regional Center:		
Address:	City/Zip:	
Telephone:	Fax:	
Contact/Position:	Ext:	Hours:
Email:		
Contact/Position:	Ext:	Hours:
Email:		
Contact/Position:	Ext:	Hours:
Email:		

Family Resource Center:		
Address:	City/Zip:	
Telephone:	Fax:	
Contact/Position:	Ext:	Hours:
Contact/Position:	Ext:	Hours:
Contact/Position:	Ext:	Hours:

Community Agency:	
Address:	
City:	Zip:
Telephone:	Fax:
Email:	Hours:
Services:	

My Health Care Team

Family Support Centers

Parent-to-Parent:	
Address:	Telephone:
	Email:

Parent Group Support:	
Address:	Telephone:
	Email:

Religious Organization:	
Address:	Telephone:
	Email:

Service Organization:	
Address:	Telephone:
	Email:

My Health Care Team

Family Support Centers

Counseling Service:	
Address:	Telephone:
	Email:

Other:	
Address:	Telephone:
	Email:

Other:	
Address:	Telephone:
	Email:

Other:	
Address:	Telephone:
	Email:

My Health Care Team

Home Health Care Agency & Respite Care Providers

Home Health Care Agency

Agency Name:	Date:
Primary Care Nurse:	
Address:	Telephone:
	Fax:
Case Manager:	Email:
	Website:

Respite Care Provider

Provider Name:	Date:
Agency:	Contact Person:
Address:	Telephone:
	Fax:
Website:	Email:

My Health Care Team

Physician and Specialist

Physician

Name:	Telephone:
Address:	Fax:
	Email:
Service:	
Date(s) of Visits:	

Specialist

Name:	Telephone:
Address:	Fax:
	Email:
Service:	
Date(s) of Visits:	

Specialist

Name:	Telephone:
Address:	Fax:
	Email:
Service:	
Date(s) of Visits:	

My Health Care Team

Therapists

Occupational Therapist (OT)

Name:		Start Date:
Agency/Hospital/Clinic:		
Address:	Telephone:	
	Fax:	
Email:		

Physical Therapist (PT)

Name:		Start Date:
Agency/Hospital/Clinic:		
Address:	Telephone:	
	Fax:	
Email:		

Speech-Language Pathologist

Name:		Start Date:
Agency/Hospital/Clinic:		
Address:	Telephone:	
	Fax:	
Email:		

My Health Care Team

Dentist and Orthodontist

Dentist

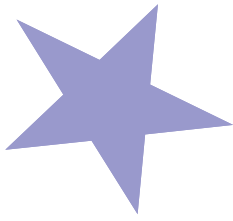
Provider:	Date of First Visit:
Address:	Telephone:
	Fax:
Email:	

Orthodontist

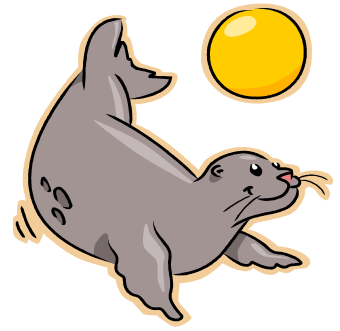
Provider:	Date of First Visit:
Address:	Telephone:
	Fax:
Email:	

About My Child





WHO AM I?



Hi,

I like to be called _____

I am ____ years old

My favorite color is _____

My favorite food is _____

My favorite animal is _____

When I grow up I want to be a _____

My best friend is _____

My favorite TV show is _____

When I am scared I _____

Before any procedure I like to _____



About My Child

Nutrition

Use this page to explain your child’s nutritional requirements. Describe foods and any nutritional formulas your child needs, any food allergies or restrictions, and any special feeding techniques, precautions or equipment used for feedings. Describe any special mealtime routines your family and child have.



About My Child

Mobility

Use this page to explain your child’s range of mobility. Describe how your child gets around. Include what your child can do by themselves and any help or equipment your child uses to get around. Describe any activity limits and any special routines your child has for transfers, range of motion, positioning, etc.

About My Child

Social Play

Use this page to explain your child's ability to be social with others. Describe how your child shows affection, shares feelings or plays with other children. Describe what works best to help your child get along or cooperate with others. Describe your child's favorite things to do. Include any special family activities or customs that are important.



About My Child

Respiratory



Use this page to explain your child's respiratory care needs. Describe the care or treatments your child needs and any special techniques or precautions you use when giving care. Include any special routines your child has for respiratory care.



About My Child

Coping/Stress Tolerance

Use this page explain how your child copes with stress. Stressful events might include new people or situations, a hospital stay or procedures such as having blood drawn. Describe what things upset your child and what your child does when upset or when he or she has reached their limit. Describe your child's way of asking for help and things to do or say to comfort your child.

About My Child

Communication

Use this page to explain your child's ability to communicate and understand others. Describe how your child communicates. Include sign language words, gestures or any equipment or help your child uses to communicate with or understand others. Include any special words your family and child use to describe things.

School Information



School Information



This Section is For:

- ✓ **My Child's School Information**
- ✓ **School Support Services**
- ✓ **504 Plan**
- ✓ **Individual Educational Plan (IEP) -**
 - Place a copy of your child's IEP in this section for future reference

Working with your child's care team can help your child stay healthy at school. Your child's care team may include their teacher, one-on-one aides, principal, school nurse, therapists and others. Plan ahead with them before your child goes to school. Don't be afraid to ask questions or share your ideas to get the help your child needs.



Helpful Hints

- Keep the lines of communication open between your child's home and school.
- Your child is an individual, not a diagnosis.
- Be alert to the things that make them unique and special.
- Be positive and open so you can answer the questions your child might have.
- Think about sharing your child's diagnosis with classmate. Ask your child if they are comfortable sharing their diagnosis with classmates.

School Information

My Child's School Information



Copy this page to use for future school years

School Year: _____ Name of School: _____

Telephone: (_____) _____ Fax: (_____) _____

School Address: _____

Child's Teacher: _____

Email: _____ Telephone: (_____) _____

School Nurse(s): _____

Email: _____ Telephone: (_____) _____

Transportation: _____

Services or Care Your Child Receives at School:

School Information

School Support Services

School District: _____

Address: _____

Telephone: _____ Fax: _____

Special Education Coordinator: _____

Address: _____

Telephone: _____ Fax: _____

District Nurse Assigned to Your Child's School: _____

Telephone: _____ Fax: _____

Principal/Administrator: _____

Telephone: _____ Fax: _____

504 Accommodation Plan Coordinator: _____

Address: _____

Telephone: _____ Fax: _____

Resource Instructor Specialists: _____

Telephone: _____ Fax: _____

Aide/Assistant/Intervener: _____

Telephone: _____ Fax: _____

Special Education Director/Teacher(s): _____

Telephone: _____ Fax: _____

School Information

504 Plan

Q. What is a 504 plan?

A. A 504 plan is a legal document falling under the provisions of the Rehabilitation Act of 1973. It is designed to plan a program of instructional services to assist students with special needs who are in a regular education setting. A 504 plan is not an Individualized Education Program (IEP) as is required for special education students. However, a student moving from a special education to a regular education placement could be placed under a 504 plan.

Q. How is a student considered for a 504 plan?

A. A student with a physical or emotional disability, or who is recovering from a chemical dependency, or who has an impairment (i.e. Attention Deficit Disorder) that restricts one or more major life activities may be considered for a 504 plan.

Q. What are examples of "major life activities"?

A. Major life activities include caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, working and learning.

Q. What is the process for placing a student on a 504 plan?

A. There are essentially four steps:

- Student is referred by teacher, support staff, parent/legal guardian, physician or therapist. On occasion, a student may initiate a self-referral.
- A 504 plan meeting is held.
- A plan for the student is developed.
- A review date is set.

Q. Who is involved in the process?

A. The student, parent/legal guardian, teachers, principals, pupil services administrators, support staff (i.e. nurse, counselor, psychologist, language/speech pathologist), as well as the student's physician or therapist may be involved in the placement process including the 504 meeting.

Q. What is the teacher(s) role/responsibility in the 504 placement process?

A. If you have a concern regarding a child's performance and/or behavior that you believe is caused by a disabling condition, you should initiate a referral after consultation with support staff and/or building administrators. Also, you should participate in any meetings where a 504 plan may be developed. Further, you should be ready to supply pertinent data and documentation such as test scores, discipline referral, and anecdotal information to assist in the writing of the plan.

School Information

504 Plan

Q. What accommodations might be included in the 504 plan?

A. Attached is a sample list of accommodations taken from the Pupil Services Handbook.

Additional examples are presented below:

- A child's seat assignment to accommodate a disability.
- A diabetic child may be permitted to eat in the classroom.
- A child may be permitted to go to the office for the administration of medication.
- A student's assignments or testing conditions may be adjusted (i.e. extension of time, modification of test questions).

Note: This is a team process where all members of the team, not just the teacher, may have responsibilities in fulfilling the requirements of the 504 plan.

Q. What if I disagree with the 504 plan or any of its components? What are my rights?

A. If you disagree with the 504 plan you can express your views at the meeting and suggest alternatives. Refuse to sign the plan.

Q. Once the plan is approved, what are the teacher/school's responsibilities?

A. They are expected to reasonably follow the strategies written to implement the plan and to participate in the review process.

Q. Can a 504 plan be altered and can I request changes in the plan?

A. Yes. Make a written request to and send a copy to all who attended the meeting where the original plan was approved. In addition, be sure that there is a planned review date on the original 504 document so that the effectiveness of the plan can be evaluated and adjustments made, if needed, at that time.

Q. If the school is to sign off on a 504 plan, what is their accountability?

A. They are legally responsible to implement your designated accommodation/strategies on the plan. You are advised to maintain regular and consistent documentation to display that you have attempted to implement the plan. For example: You may keep a file of student work or write special notations in your gradebook, or maintain personal notes. Keep copies of any adjusted tests, assignments, behavior plans and all notes to and from parents/legal guardians.

Again, if the plan isn't working for the student, ask in writing for the assistance of support staff (counselors, nurses, psychologists, etc.). Also, some degree of accountability rests with the parents/legal guardians in following through. The teacher should not accept the burden alone. Again, keep copies of all pertinent documents.

For more information, visit TheParentalAdvocate.com

School Information

Q. What is an Individualized Educational Plan (IEP)?

A. An IEP is a written document that's developed for each public school child who is eligible for special education. A federal law called the Individuals with Disabilities Education Act (IDEA) requires that public schools create an IEP for every child receiving special education services. Kids from age 3 through high school graduation or a maximum age of 22 (whichever comes first) may be eligible for an IEP. The IEP is meant to address each child's unique learning issues and include specific educational goals. It is a legally binding document. The school must provide everything it promises in the IEP.

Q. How does a student qualify for an IEP?

- A.** There are two things that must happen before the student gets special education services:
- 1. An evaluation:** Parents, teachers, a counselor, a doctor or anyone else who suspects a child is struggling can request an evaluation. To determine eligibility, the school psychologist and a multi-disciplinary team of professionals will evaluate the child based on their observations; the child's performance on standardized tests; and daily work such as tests, quizzes, classwork, and homework. They also may observe your child in the classroom.
 - 2. A decision:** The IEP team, which includes parents and school officials, decides whether or not your child needs special education services in order to learn the general education curriculum. The school and parents review the evaluation and determine whether the results show that your child needs services and supports. If the IEP team agrees that your child needs services, then the next step is to create an IEP. If your child is found ineligible, you can still try to get services for your child. For instance, you might pursue a 504 plan.

Q. What does an IEP contain?

- A.** Every IEP will look different because every student has unique needs, but by law, all IEP's must contain the following elements:
- The student's present level of educational performance (PLOP)
 - This is a thorough description of your child's current abilities, skills, weaknesses and strengths.
 - The results of your child's evaluations and tests
 - This should include district-wide and state assessments.
 - Special education and related services to be provided
 - IEP spells out what kinds of support and services your child will receive.
 - Accommodations and modifications
 - Accommodations are changes in *how* the student shows what he or she has learned.
 - Modifications are changes in *what* is taught to or expected of a student.
 - Supplementary aids and services
 - These are supports to help a child learn in the general education classroom.

School Information

Individualized Educational Plan (IEP)

Q. What does an IEP contain? (continued)

- A.** Every IEP will look different because every student has unique needs, but by law, all IEP's must contain the following elements:
- Annual educational goals
 - These should be realistic, achievable, and measurable.
 - A description of how your child's progress will be measured and reported to you
 - By law, the IEP must explain how the school will track the student's progress towards the goals. And it must describe how the school will share those results with you.
 - An explanation of how much your child will participate in general education classes and extracurricular activities.
 - Participation at the fullest level possible is required by law. This is called the least restrictive environment.
 - The date the IEP will go into effect.
 - Varies by State

Depending on the student's age and situation, the IEP might also include:

- A transition plan
 - This starts when the student turns 16.
- Extended school year services

Q. Who produces an IEP?

- A.** The student's IEP team creates the IEP. Each person plays an important role. By law, the team includes:
- You, the student's parent(s) or guardian(s)
 - Your child, the student, if they are between the ages of 16-22 or earlier if appropriate
 - *At least* one of your child's special education teachers and/or providers
 - *At least one* of your child's general education teachers
 - A school official who:
 - Is qualified to provide or supervise the provision of special education
 - Knows about the resources the school system has available
 - Knows about the general curriculum
 - A qualified individual who can interpret the evaluation results and review what services your child may require
 - Representatives from other agencies that may provide services for the child or has special expertise about your student
 - Anyone you, the parent or student, may feel is important or helpful to the Team

School Information

Individualized Educational Plan (IEP)

Q. Can the IEP be written in the language spoken at home?

A. Yes, the IEP should be written in your native language.

Q. When do the services listed in the IEP start?

A. The services begin as soon as the school receives an *accepted and signed* IEP back from the parent or guardian.

Q. What if I only agree with parts of the IEP?

A. If there are any sections of the IEP you disagree with, check the box indicating you would like to alter portions of the IEP. After this, list each section you would like to change. Upon receiving your signed submission, all the support and services in the IEP will begin, EXCEPT for the portions that you disagreed with. A future meeting can be set up to discuss your concerns.

Q. What happens to my child's IEP if we switch schools?

A. If you transfer to a new school within the **same** school district, the IEP does not change. If you transfer to **another** school district or state, your child may need a new IEP.

Steps to obtaining an IEP

1. Parents must submit a verbal or written referral to the school district's special education department requesting for an assessment/evaluation.
2. The school district has 15 days to reply with a refusal or an assessment plan for your child.
 - If the request is denied, you can file a due process complaint.
3. You then have 15 days to consent to the plan by signing it and returning it to the district, which allows the school to proceed with the assessment.
4. The district has 60 days to complete the assessment and hold an IEP eligibility meeting upon receiving consent for assessment.
 - If parents disagree with the evaluation, you have the right to take your child for an Independent Educational Evaluation (IEE). You may also ask the school to pay for the IEE.
5. Within 30 days of determining your child requires special education or services, a meeting will be held to create an IEP for your child.
6. IEP is implemented as soon as possible.

For more information visit:

- www.Understood.org
- www.GreatSchools.org
- www.KidsHealth.org
- www.FCSN.org
- www.DREDF.org

Transitions





Transition Readiness Changing Roles for Families

Compare your answers with your child. You might be surprised what they know or what they want to learn. Work on a plan to increase their health care skills. Share with the medical team the skills that you and your child are working on. It takes time and practice to learn and demonstrate these skills. Best time to start, is today!

Health & Wellness 101 The Basic Skills	Yes I do this	I want to do this	I need to learn how	Someone else will have to do this- Who?
KNOWLEDGE OF HEALTH ISSUES/DIAGNOSIS				
1. My child understands his/her health care needs, and disability and can explain these needs to others.				
2. My child can explain to others how our family's customs and beliefs might affect health care decisions and medical treatments.				
3. My child knows his/her health and wellness baseline (pulse, respiration rate, elimination habits)				
4. My child knows health symptoms that need quick medical attention.				
5. My child knows what to do in case he/she have a medical emergency				
BEING PREPARED				
6. My child carries his/her health insurance card everyday				
7. My child carries his/her important health information with me every day (i.e.: medical summary, including medical diagnosis, list of medications, allergy info., doctor's numbers, drug store number, etc.)				
TAKING CHARGE				
8. My child calls for his/her own doctor appointments.				
9. My child knows he/she has an option to see the doctor by them self.				
10. Before a doctor's appointment my child prepares written questions to ask.				
11. My child racks his/her own appointments & prescription refills expiration dates.				
12. My child calls in his/her own prescriptions refills.				
13. My child has a part in filing medical records and receipts at home.				
14. My child pays for the co-pays for medical visits.				
15. My child co-signs the "permission for medical treatment" form (with or without signature stamp) or can direct others to do so).				
16. My child helps monitor his/her medical equipment so it's in good working condition (daily and routine maintenance).				
AFTER AGE 18				
17. My child and our family have a plan so he/she can keep my healthcare insurance after turning 18 and 26.				
18. My child will be prepared to sign his/her own medical forms (HIPAA, permission for treatment, release of records)				
19. My child and our family have discussed and plan to develop a legal Power of Attorney for health care decisions in the event health changes and he/she is unable to make decisions for them self. (Everyone in the family should have one!)				

You are welcome to use Changing Roles "as is" or adapt it to your setting or needs. Revised in 2011 by Patti Hackett, MEd. This tool was adapted from the federally funded, HRSA/MCHB HRTW Tool - Changing Roles, developed by Patti Hackett, Ceci Shapland & Mallory Cyr, 2006, 2009.

Transitions

Looking Ahead

Your child and family will experience many transitions, small and large, over time. Three predictable transitions occur for most children: reaching school age, approaching adolescence and moving from adolescence into adulthood. Many children do not experience these transitions the way other children experience them. Other transitions may involve moving into new programs, working with new agencies and care providers, or making new friends. Transitions involve changes: adding new expectations, responsibilities, resources and letting go.

Looking at transitions may be hard, depending on your circumstances. You may have limited time just to do what needs to get done today. You may find it helpful, though, to write down a few ideas about your child's and family's future. You might start by thinking about your child's and family's strengths. How can these strengths help you plan for "what's next" and for reaching long-term goals? What are your dreams?

Date: _____ **Time:** _____

Transitions

Looking Ahead

Transitions

Looking Ahead

Resources

Helpful Medical Websites

The internet provides immense information about medical conditions and specific disability information. The following websites are a good place to start your search.

- **Brave Kids**
BraveKids.org
- **Buzzle**
Buzzle.com/Articles/Medical-Glossary-Definitions-of-Medical-Terms.html
- **California Children’s Services (CCS)**
DHS.CA.gov/Services/CCS
- **Family Village**
FamilyVillage.WISC.edu
- **Family Voices**
FamilyVoices.org
- **KidHealth**
KidsHealth.org
- **Kidsource Online**
KidSource.com
- **MedlinePlus — A Service of the U.S. National Library of Medicine**
NLM.NIH.gov/MedLinePlus
- **Miller Children’s & Women’s Hospital Long Beach**
MillerChildrens.org
- **National Organizations for Children**
Peds-Ortho.com/Organiz.hm



The Family Resource Centers are a place for families raising children with special needs to find knowledge and support as they navigate through their health care journey. While the Long Beach Family Resource Center is located at Miller Children's & Women's and supports patients and their families who are hospitalized, services are also available to all families in the community.

Family Resource Center at Miller Children's & Women's Hospital Long Beach



MemorialCare[™]
Miller Children's & Women's
Hospital Long Beach

2801 Atlantic Ave.
Long Beach CA 90804
(562) 933-8048
MillerChildrens.org/FRC