

Free Project Sponsored by The Arc Northern Chesapeake Region
Education Partnership Initiative Application

The Arc Northern Chesapeake Region – Education Partnership Initiative (EPI) Class is actively recruiting parents who are interested in becoming informed partners in the educational process. The family voice is critical to ensuring the success of meeting the needs of children with disabilities and realizing their family's vision of the future. This project's goal is to assist parents in becoming knowledgeable advocates for their child(ren) with disabilities by empowering them to become equal partners in discussions and groups addressing their child's needs.

Applicants should:

- be parents/foster parents/guardians/family members of children with disabilities in Harford, Cecil and Kent Counties
- have a desire to learn and understand
- be willing to work towards having his/her child included with his/her typically developing peers
- be able to fulfill class requirements as outlined in this application
- have a sincere attitude to make a change in the life of his/her child
- desire to make positive change to improve the quality of services received by children with disabilities
- want to gain knowledge in a supportive, accepting environment that will improve your self-confidence
- be willing to dedicate 4-10 hours per month to fulfill program requirements

Topics to include:

- Roles and Responsibilities of School Officials
- Understanding the School System Budget Process
- Communication Skills – The Art of Negotiation
- IEP Topics to include –
 - Paperwork
 - Assessments, Evaluations and Tests
 - Accommodations and Modifications
 - Access to the General Curriculum
 - Writing SMART Goals and Objectives
- Inclusion
- Law and Advocacy
- Legislation and its impact on your child
- Behaviors – Child safety and challenging behaviors
- Strategies for solving individual conflicts and issue

This program is free to participants. All materials are provided. In Harford County, on-site respite for children is available at no charge. Scholarships can be requested for transportation costs.

Please check one: I am applying for the ____ Harford County class ____ Cecil County class

1. Personal Information

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Work Phone and/or Cell Phone: _____
Email: _____

2. Please provide us with some information about your child.

Name _____ Birthdate _____
Grade level _____ School _____
My child presently has ____ IEP ____ 504 plan ____ IFSP

Please check any label (s) assigned to your child by the school district/medical profession:

- | | | |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Suspected/Undiagnosed |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Orthopedic Impairment (Physical) | <input type="checkbox"/> Visual Impairment (including Blindness) |
| <input type="checkbox"/> Deaf/Hearing Impairment | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Specific Learning Disability | |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Speech Language Impairment | |
| <input type="checkbox"/> Gifted | | |

What else would you like to share about your child? (Attach additional paper if needed)

Application must be received by The Arc NCR office by August 7, 2008.
Selected applicants will be notified by Friday, August 22, 2008.

3. Why do you want to participate in the Education Partnership Initiative?

4. One of the goals of this project is to provide training to families to allow them to take active roles in the community that help improve opportunities for children with disabilities. How do you plan to use your new skills and knowledge?

5. This question is only for participants who have received a certification for the completion of at least 1 year of EPI. Please check one of the following areas that you would be interested in participating on for a committee.

- | | |
|--|---|
| <input type="checkbox"/> Grant writing | <input type="checkbox"/> Mentoring Program |
| <input type="checkbox"/> EPI Class Planning | <input type="checkbox"/> Legislation |
| <input type="checkbox"/> Social Skills Training for children | <input type="checkbox"/> 2010 Conference planning |
| <input type="checkbox"/> Inclusive Summer Programs | <input type="checkbox"/> Social Activities for class participants |
| <input type="checkbox"/> Recreation Programs | <input type="checkbox"/> Other _____ |

Are you currently involved with any community committees/groups? If yes, please list.

6. The Education Partnership Initiative requires active full participation. Please check all items that you can commit to.

REQUIREMENTS:

- At least 90% attendance at scheduled trainings - see attached Tentative Class Itinerary
- Attendance at 3 workshops or meetings outside of class that pertain to related topics – (School Board meeting, SECAC Public Input meeting, and others as outlined or accepted by the class facilitator)
- A willingness to maintain a notebook of resources provided during the class
- Complete homework assignments after each training (approximately 1 hour monthly)
- Complete an evaluation for all trainings/workshops
- Access to transportation to and from the workshops (assistance available if needed)
- Contact class facilitator if unable to attend a training and to make up any necessary homework requirements as needed

OPTIONAL: (required for advanced students who have attended in previous years)

- Participate in at least one committee -- see question 5 for list of possible committees
- An interest to present during the 2008-2009 Training Program
- An interest and willingness to mentor a parent during the 2008-2009 Training Program

If you are unable to commit to one or more of the above requirements, please explain why.

7. Please tell us how you heard of the program.

By signing below, I certify that I am a parent, foster parent, family member, or guardian of a child who receives special educational services and I agree to the above requirements of the program.

Name of Participant (please print)

Signature of Participant

Date

Send applications to:

The Arc NCR
Attn: EPI Facilitator
4513 Philadelphia Road
Aberdeen, MD 21001

or Fax to: 410-734-6551 / **Email:** sratman@arcncr.org

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