

**Commonwealth of Kentucky
Cabinet for Health and Family Services
Department of Community Based Services
Division of Protection and Permanency**

EDUCATIONAL ADVOCACY REQUEST FORM

CHILD INFORMATION		
Name (last, first)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

SPECIAL EDUCATION INFORMATION
<input type="checkbox"/> Student needs to be assessed for Individualized Education Plan (IEP) <input type="checkbox"/> Student has an IEP <input type="checkbox"/> Student's Evaluation in Progress

EARLY CHILDHOOD INTERVENTION INFORMATION
<input type="checkbox"/> Child needs to be assessed for First Steps <input type="checkbox"/> Child is enrolled in First Steps <input type="checkbox"/> Child has an Intensive Family Service Plan (IFSP)

Resident School District/Early Intervention Local Lead Agency

PLACEMENT INFORMATION
Placement/ Facility (check one) <input type="checkbox"/> Foster/Adoptive Home <input type="checkbox"/> Residential <input type="checkbox"/> Other _____

Placement/Facility Name

Address (Street, City, State Zip Code)

Telephone (including area code)

REQUEST INFORMATION		
Request For: (check one)		
<input type="checkbox"/> Permission Granted Permission Reason: <input type="checkbox"/> Parent is not available <input type="checkbox"/> Parent requests foster parent act on their behalf	<input type="checkbox"/> Replacement Replacement Reason: <input type="checkbox"/> Advocate no longer wishes to serve <input type="checkbox"/> Advocate has a conflict of interest <input type="checkbox"/> Advocate no longer available <input type="checkbox"/> Child's placement changed	<input type="checkbox"/> Withdrawal Withdrawal Reason: <input type="checkbox"/> Student has been adopted <input type="checkbox"/> Moved from district <input type="checkbox"/> Parents now available <input type="checkbox"/> Student graduated <input type="checkbox"/> Unspecified

In accordance with 707 KAR 1:002(43)(e), Parent means: a foster parent if the biological or adoptive parents grant authority in writing for the foster parent to make educational decisions on the child's behalf, and the foster parent is willing to make educational decisions required of parents under 707 KAR Chapter 1, and has no interest that would conflict with the interests of the child, the birth parent for the above mentioned child, has agreed to allow the foster parent to make educational decisions for the child. The birth parent has been informed that they may rescind this agreement at any time. The status of this agreement will be reassessed during regularly scheduled Case Planning Conferences.

Signature of Parent Date Signature of Parent Date

SSW Signature Date FSOS Signature Date