



FEDERATION FOR CHILDREN
WITH SPECIAL NEEDS

Please check the training for which you are applying.

- | | | | |
|---|-------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Boston | <input type="checkbox"/> Fall | <input type="checkbox"/> Winter | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Central MA | <input type="checkbox"/> Fall | <input type="checkbox"/> Winter | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Western MA | <input type="checkbox"/> Fall | <input type="checkbox"/> Winter | <input type="checkbox"/> Spring |
| <input type="checkbox"/> Summer Institute (5 days-one week) | | | |

PARENT CONSULTANT TRAINING INSTITUTE APPLICATION

Name: _____ Date: _____

Home Address: _____

_____ Zip Code: _____

Business Address: _____

_____ Zip Code: _____

Telephone: _____ (home) _____ (work) _____ (cell)

Email: _____

Are you a: parent professional both

Do you speak a second language? yes no

If so, please list: _____

Have you attended the Federation's "Basic Rights" workshop? yes, when? ____ (yr.) no

Have you attended the Federation's "An IEP for My Child" workshop? yes, when? ____ (yr.) no

Have you attended any other Federation workshops? yes no

Please specify: _____

Have you attended other related workshops provided by an agency other than the Federation?

Please specify: _____

Have you been involved in the special education evaluation process for:

your child or children? yes no

age: _____

special needs: _____

another child or children? yes no

age: _____

special needs: _____

How do you plan to apply what you learn from this course (check all that apply):

- Work as a parent consultant advocate
- Expand my knowledge so I can be a better advocate for my child
- Work more effectively on behalf of the children and families with whom I work
- Other (please specify): _____

Comments: _____

Are you involved in any disability organizations? yes no

Please describe: _____

Are you currently providing information to parents on special education laws, issues, and available resources?
 yes no

Please explain: _____

Do you require any special accommodations in order to attend the workshops? yes no
If yes, please specify: _____

Optional Parent Consultant Internship Application to be submitted with Class Application

If you are planning to provide advocacy support to families of children with special needs, we recommend that you apply to participate in the Parent Consultant Internship. This internship experience offers supervised support to you while you respond to the concerns of families. Are you interested in doing a 50 hour internship following completion of the class? yes no **If yes, answer the following questions on this page. If no, your application for the class is complete.**

Please specify special knowledge you have including degrees: _____

Please specify any geographical constraints when accepting cases:

Will you be available to attend TEAM meetings with parents during school hours? yes no

If no, please explain:

Give an example of success you have had working with families:

Give an example of success you have had collaborating with school personnel:

Please include additional comments about your ability to communicate, to be objective, to research, to write, to follow-through, to manage, to know the law, to represent the family of the child with special needs to obtain the services that will help the child succeed in school, to commit time to complete the internship and to help other families. (attach extra sheets if needed):

Please list two references who can describe how well you have worked with families and school personnel according to the criteria listed above:

1. Name: _____
Address: _____
_____ Zip code: _____
Telephone (day): _____
Email address: _____

2. Name: _____
Address: _____
_____ Zip code: _____
Telephone (day): _____
Email address: _____

**Please return this application to The Federation for Children with Special Needs
The Schrafft's Center
529 Main St.
Charlestown, MA 02129**

**Please also enclose a tuition check payable to the Federation for Children with
Special Needs. (Fee will be refunded if application is not accepted.)**

Parents of children with special needs:	\$325.00
Others:	\$425.00

To pay by credit card, call the Federation receptionist: 617-236-7210.