



Parent Advocate Training

The TWIGS is an elite group of well trained parents whose primary purpose is to get the school system to provide their children who have special needs, with the services they need, and deserve, under the law.

The Story of the TWIGS

There is an Aesop's Fable that tells the story of an old man and his young sons. The sons kept getting beaten down by other people. So the old man told each of his sons to pick up a twig. Then he told them to break the twig. The sons did what they were told and each twig broke quite easily. Then the old man asked each son to grab a bunch of twigs and bundle them together. The sons did so, but when they tried to break the bundle of twigs like their father had instructed, they could not.

The Lesson: One twig is easily broken; a bundle of twigs is not.

One parent can easily feel intimidated; a group of educated parents cannot.

"It's a fact...when a parent takes an advocate to their IEP, the results of the meeting, in favor of the child, improve dramatically. At the end of this training you won't need an advocate... you'll BE the advocate!"

In order for significant, systemic change to take place in public education for our children with special needs, the change is going to have to come from the parents because it is the parents who have the power."

**Pam Lindemann
The IEP Advocate
Educating, Encouraging and
Empowering Families of
Children with Special Needs**

THE GOAL: Imagine going to your child's IEP meeting with your own support team: A group of highly trained parents - The TWIGS - that was trained with you in the laws that protect children in the special education system. All of you have been trained in IEP meeting strategies. You bring your support team to your IEP meeting and they sit right next to you at the table and take notes. They offer advice, they ask questions. They participate as much, or as little, as you want.

Imagine...you would never go to an IEP meeting alone again, and your TWIG team members would never go to their IEP meetings alone because when it was time to for their child's meeting, you would attend theirs just as they did yours!

THE PROGRAM: A nine month long intensive training program for parents of children with special needs. The goal is to train parents in all aspects of special education as it relates to their own child's education. Parents will be grouped with other parents, all of whom have a child with a similar special need. For example, parents of children with autism would form one group, parents of children with cerebral palsy would form another group, etc. Once trained, these parents commit to supporting one another in each other's IEP meetings.

Sessions will focus on specific topics including: Special education law, legal rights of parents, how to write an IEP, strategies for successful IEP meetings, Least Restrictive Environment, behavior plans, evaluations and testing, writing and tracking goals, assistive technology, the McKay Scholarship and more.

THE BENEFITS: As a participant in this exclusive training, you will learn:

- Increased self-confidence in asking for services
- Make sure the school is playing by the rules
- Strategies to be more successful in IEP meetings
- How to make sure meeting notes are correct
- How to ask for changes to the IEP
- What your rights are under the law
- How to prepare for an IEP meeting
- How far to push and when to stop
- Be a stronger advocate for your child
- The power of working with other parents
- And so much more!

THE COMMITMENT: Attend nine training sessions, one Saturday per month, from 8:00 to 2:00 p.m. Training starts in September and runs through June. There is no training in December.

Attend three IEP meetings: One for your own child plus two other IEP meetings for other TWIGS members. These meetings can be as long as two hours.

Four hours of light homework/self-study between monthly training sessions.

THE COST: \$500 per person for the full nine month program including 54+ hours of training by instructor, manuals, booklets, checklists, sample forms, and numerous other materials. The cost of lunch on Saturdays is not included. Payment plans are available.

To Register or For More Information Contact: Pam Lindemann, The IEP Advocate
Phone: 407-342-9836
Email: TheIEPadvocate@hotmail.com

CLASSES NOW FORMING FOR SEPTEMBER 12, 2009 START DATE!



Parent Advocate Training

Agreement of Understanding

Commitment Requirements From TWIGS Participants

1. You must make a time commitment to attend training sessions one Saturday per month, from 8:00 to 2:00 p.m. on the following dates:

| | | | |
|--------------------|-------------------|----------------|---------------|
| September 12, 2009 | January 9, 2010 | March 13, 2010 | May 8, 2010 |
| October 24, 2009 | February 13, 2010 | April 10, 2010 | June 12, 2010 |
| November 14, 2009 | | | |

All training sessions take place at First Baptist Orlando, 3000 S. John Young Parkway, Orlando 32805

Are there any Saturdays in the above referenced months in which you have a prior commitment and will not be able to attend a training session? _____

2. You must make a commitment to go to three IEP meetings: One will be for your child, and two meetings will be for other children of your other team members. These IEP meetings will be scheduled during normal school hours and may last as long as two hours. You must attend all three IEP meetings before February 26, 2010.

If you are employed, can you arrange your work schedule? _____ Yes _____ No

3. You will be expected to complete approximately four hours of light homework/self-study between monthly training sessions.
4. You will be expected to attend the Annual TWIGS Kick-Off Training Conference to be held on a Saturday at the end of August 2010 for all TWIGS graduates. This will be a free event and more details will be given to you before you graduate from the program.
5. The fee to participate in the TWIGS Parent Advocate Training program is \$500. Whether you complete the training or not, you are obligated to pay the full \$500. In the event you personally are not able to complete the training, for whatever reason, no partial or full refunds will be given. In the unlikely event the TWIGS Training program is cancelled, for whatever reason, you will be refunded the pro-rated amount for all cancelled sessions. Please select one of the following payment options:
 - Option 1: \$ 500 paid in full by September 5, 2009
 - Option 2: \$ 275 paid by September 5, 2009
\$ 250 paid by November 15, 2009
 - Option 3: \$ 225 paid by September 5, 2009
\$ 175 paid by November 15, 2009
\$ 150 paid by February 15, 2010

Options 2 and 3 include additional processing fees to accommodate the payment plan. All payments are to be made using PayPal. Please go to TheIEPadvocate.com website. Click on "Payment For TWIGS" on the left side of the web page.

I have read, understand and agree to the above statements,

Your Signature

Print Your Name

Date



Parent Advocate Training

Registration Form

Name _____

Address _____

City _____ County _____ State _____ Zip _____

Email _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

1. Describe your child's disability: _____

2. What services (school, respite care, case management, therapy, Medwaiver, CMS, etc.) is your child currently receiving? _____

3. What grade is your child in? _____

4. How old is your child? _____

5. What school does your child attend? _____

This school is: ___ public ___ charter ___ private

6. What county is the school in? _____

7. What is your child's primary diagnosis? _____

8. What is your child's secondary diagnosis? _____

9. Do you have any other children who have special needs? ___ Yes ___ No

10. If yes, what is their primary diagnosis? _____

11. Does your child have an IEP? ___ Yes ___ No

If "yes" in what grade did your child get an IEP? _____

If "no" has your child had an IEP in the past? ___ Yes ___ No

If "no" are you trying to get an IEP for your child? ___ Yes ___ No

12. Why are you interested in the TWIGS advocacy training program? Is there a specific issue, area of concern, or problem that encouraged you to apply for this program? _____

13. If you have taken any advocacy trainings or workshops, please list them: _____

14. Please tell us a little about yourself and your family (continue on back side if necessary):

List two (2) references; include complete name, address and phone numbers:

Name: _____ Relationship: _____

Street Address: _____

City, State, Zip: _____

Phone: (____) _____ Email: _____

Name: _____ Relationship: _____

Street Address: _____

City, State, Zip: _____

Phone: (____) _____ Email: _____

Return this completed form, including a signed copy of the Agreement of Understanding:

By fax: 407-393-5582

By mail: The IEP Advocate
P.O. Box 618308
Orlando, FL 32861-8308

If you have any questions about this form or the TWIGS program, please contact:

Pam Lindemann
The IEP Advocate
407-342-9836
TheIEPadvocate@hotmail.com