

### Community IEP Partners Application

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work #** \_\_\_\_\_

**Cell #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Are you a parent?** \_\_\_\_ **Is your child involved in special education?** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Child's Birth date:** \_\_\_\_\_

**What school/ district does your child attend?**  
\_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Child's Birth date:** \_\_\_\_\_

**What school/ district does your child attend?**  
\_\_\_\_\_

**Are you willing to be a Community IEP Partner in your school district? \_\_\_\_\_**

**If you are participating as a professional, what is your occupation?**

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**Please list any languages you speak fluently?**

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**I would be willing to assist families in the following towns/cities/school districts: (please fill out completely)**

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**Please list days and times that you would be available to attend IEP meetings?**

**Monday** \_\_\_\_\_ **Times** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **All**  
**Day** \_\_\_\_\_

**Tuesday** \_\_\_\_\_ **Times** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **All**  
**Day** \_\_\_\_\_

**Wednesday** \_\_\_\_\_ **Times** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **All**  
**Day** \_\_\_\_\_

**Thursday** \_\_\_\_\_ **Times** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **All Day**  
\_\_\_\_\_

**Friday** \_\_\_\_\_ **Times** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **All**  
**Day** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please tell us why you would like to be a Community IEP Partner.** \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Thank you.**

## Community IEP Partners Agreement

I, \_\_\_\_\_, have agreed to volunteer my services to the Oklahoma Parents Center (the Oklahoma PTI) as a Community IEP Partner. My signature on this form indicates that I am fully aware of the requirements and responsibilities listed below and agree to adhere to them.

IEP Partners are required to:

- Complete the two day intensive Community IEP Partners Training and any additional trainings or readings that the Oklahoma Parents Center requires at a later date.
- Maintain confidentiality of the information provided to them by families and school districts.
- Submit complete paperwork required for the Community IEP Partners Program. Once submitted, a stipend of \$25.00 per IEP meeting will be paid.

IEP Partners agree to accept the following responsibilities:

- Comply with the expectations of the OPC Community IEP Partners Program.
- Provide the initial phone consultation with parents, attend IEP meeting with family, debrief, and fill out paperwork after the IEP meeting.
- Provide own telephone and all charges related to the telephone consultation.
- Provide own transportation to and from the meeting at no cost to the Oklahoma Parents Center.
- Provide proof of car insurance to the Oklahoma Parents Center.
- Refrain from charging clients for their services.
- Maintain strict and complete confidentiality of information from clients and schools.
- Work with families and schools to promote an atmosphere of parent/professional collaboration.

The Oklahoma Parents Center agrees to provide the IEP Partner with:

- A thorough training program and resource manual.
- Ongoing support via telephone, email, and/or additional trainings.
- Updated training materials, resources, and information as appropriate.

- Confidentiality to the IEP Partner names and/or other personal information will not be given out without permission from the IEP Partner.
  - Upon the completion of an assigned IEP meeting, and the return/completion of the IEP Partner Form, the IEP Partner will receive a \$25.00 stipend to help cover phone, child care, and transportation expenses incurred while volunteering for Oklahoma Parents Center.
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