

# G.I.F.T.

## “Get It Forever Together”

October 4, 2010



Presented by Connections for Special  
Parents of Northeast Georgia  
and local Parent Mentors



With Special Thanks to the Walton County Navigator Team and Bibb County Parent Mentor Program for information in this presentation.

**G.I.F.T. ~ Get It Forever Together ~**  
**is a workshop designed for parents and**  
**families who want to learn how to**  
**organize all of their child's IEP related**  
**papers and documents.**



# What are Benefits of G.I.F.T.?

**Information Overload is overwhelming! *Unload!***

**Organization helps you stay informed.**

**Organization helps you stay involved.**

**Professionals recognize your expertise.**

**Your confidence will grow!**



# **What should I include in my Binder?**

**-Cover Sheet**

**-Current IEP**

**-Progress Reports**

**-Psychological Report/Evaluations**

**-Standardized Test Results**

**-Behavior/Discipline Notes or Documents**

**-School Calendar**

**-Child's schedule**

**-Report Cards**

**-Work Samples**

**-Communication Notes/Correspondence**

**-“My Child” Information**

**-Medical Records/Reports, including Therapies**

**-Invoices and cancelled checks**

**-Transition Plans**

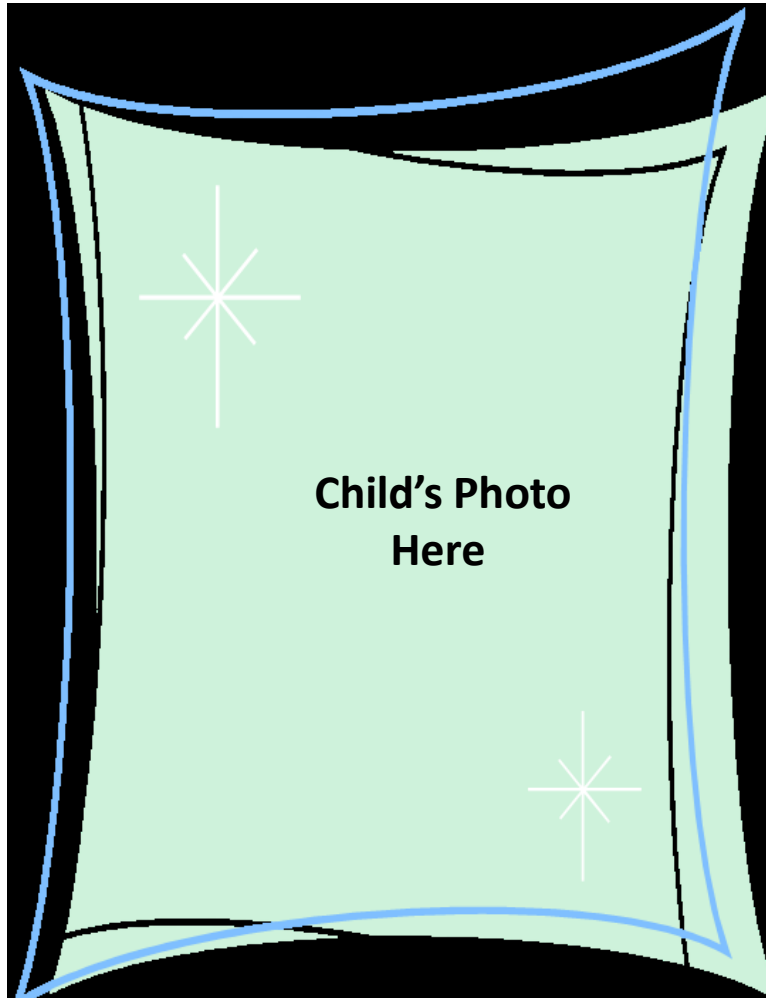
**-Workshops Attended**

**-Resources/Supports**

**-Important Contacts**

## Creating your Cover Sheet...

*This cover sheet is your introduction to all involved in your child's education. Sections may be customized. The idea is to present a clear picture of your child!*



**(Parent or child fill out)**

**Child's name:**

**School name and address:**

**Grade/year:**

**Child's teachers and therapists:**

**(Child fill out)**

**What I like to be called:**

**My favorite foods:**

**My favorite TV show or movie:**

**My favorite things to do:**

**My Family:**

# Have FUN!

- Create this Binder together with your child and/or other parents.
- Change and add to it as needed.
- Make it a habit to bring with you to all educational meetings and medical related appointments.



## **EXTERNAL SUPPORTS:**

**Who are they? Where do they come from?**

***Family/Friends***

***School***

***Community/Service Providers***

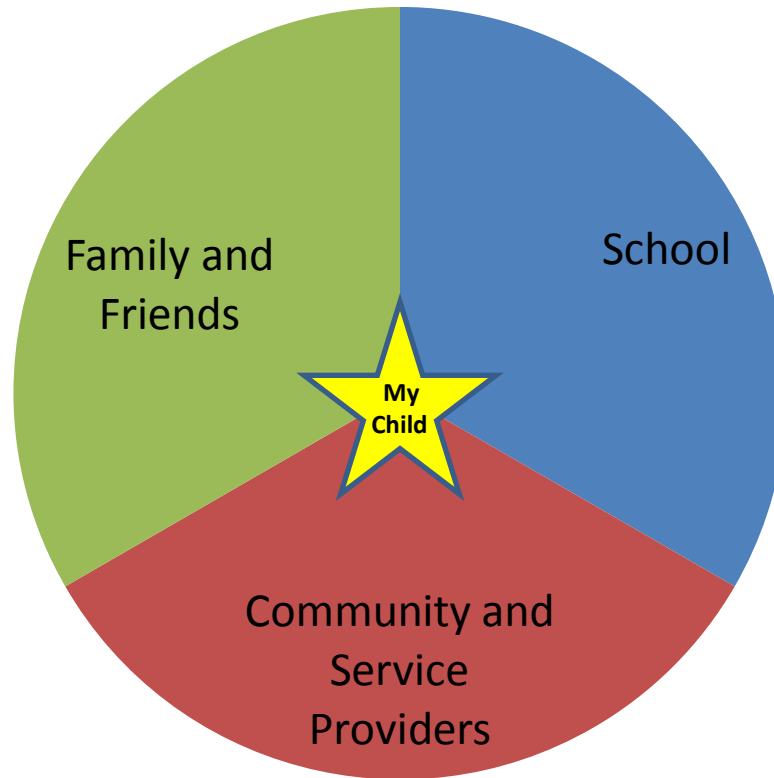


**Q: I think I have a good circle, but how do I really know?**

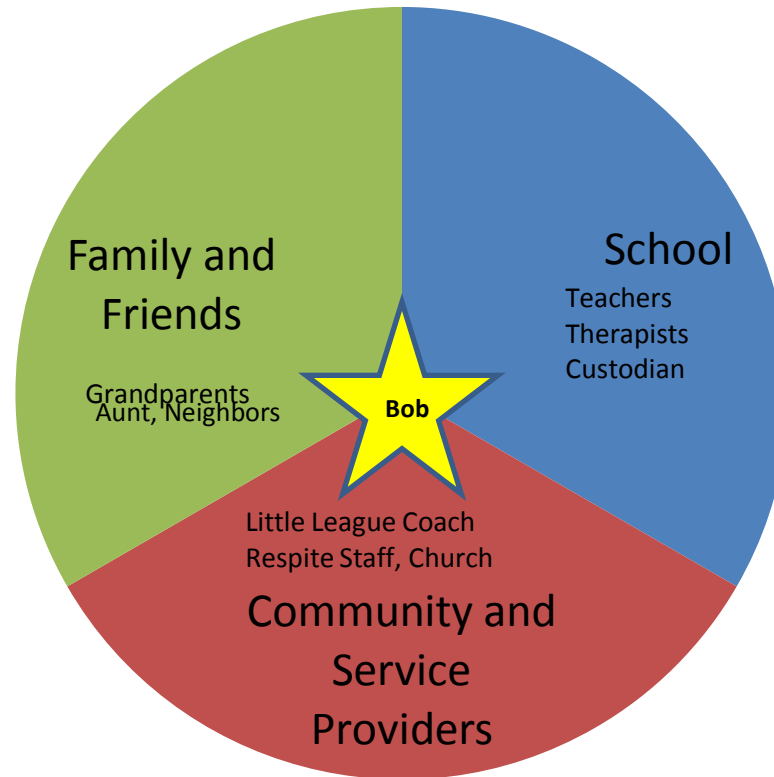
**Q: Am I missing possible supports or resources that can help me and my child?**

The answer is doing a  
**Circles of Support Map!**

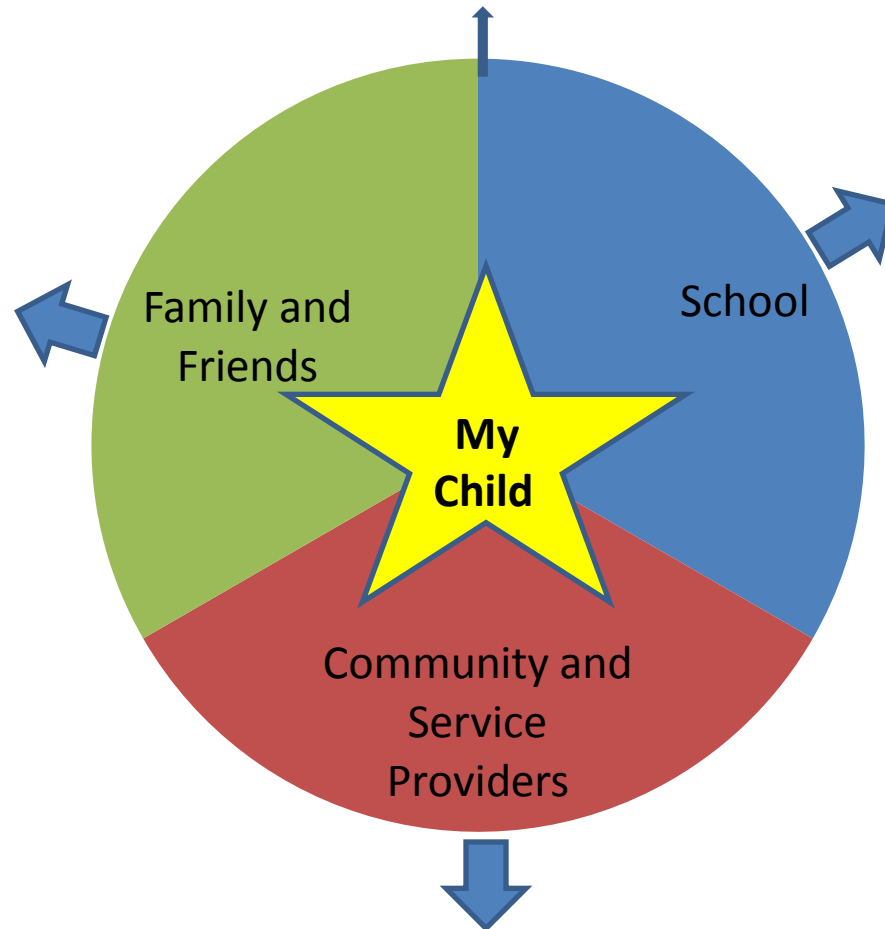
# Circles of Support



# Circles of Support



# As Your Child Grows, His/Her Circles of Support Should Grow, Too!



# THANK YOU FOR COMING!

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