

**PLANNING FOR  
YOUR CHILD'S  
FUTURE**

**LOOKING AT  
YOUR CHILD'S LIFE**





*Helping you  
prepare  
for your  
planning  
meeting.*

Soon your Harbor Regional Center Service Coordinator will meet with you and the important people in your child's life. This meeting is a chance for you and your family and circle of support to sit down and think about where your child is now, where you want him or her to be in the future, and what support you might need to help your son or daughter get there. If you fill out this form or even if you think about some of the questions it asks, you will be better prepared for your planning meeting.

- This is about your child (write his/her name in the space provided)

---

- Who is your circle of support? (For example: Who are your friends? Whom do you turn for help when you need it? Whom do you want to invite to your child's planning meeting? Put their names in the space provided below.)

---

---

---

---

## THIS IS ALL ABOUT YOUR CHILD

1. What are some great things about your child? (For example: What do people like about him/her? What are their abilities and skills?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What does your child like to do with family and friends, at home, or in the community? \_\_\_\_\_  
\_\_\_\_\_
3. What kinds of things does your family like to do together? How does your child participate in these activities? \_\_\_\_\_  
\_\_\_\_\_
4. What, if any are the barriers to your child's participation with friends and family? \_\_\_\_\_  
\_\_\_\_\_
5. Who supports you in taking care of your child when you are not able to? \_\_\_\_\_  
\_\_\_\_\_
6. What does your child do after school? \_\_\_\_\_  
\_\_\_\_\_
7. What makes your child happy? \_\_\_\_\_  
\_\_\_\_\_
8. What makes your child upset (mad or sad or frustrated)? \_\_\_\_\_  
\_\_\_\_\_
9. Does your child have friends in the neighborhood? At school? Who is your child's favorite person to do things with? (You can name more than one person if you want to. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## THINGS ABOUT YOUR CHILD'S EDUCATION

10. What is the best part of your child's educational program? \_\_\_\_\_  
\_\_\_\_\_

11. What part of your child's educational program would you like to change (improve or focus on)? \_\_\_\_\_  
\_\_\_\_\_

12. What would you like your child to learn? \_\_\_\_\_  
\_\_\_\_\_

13. Would you like your HRC Service Coordinator to observe your child in school?  YES  NO

Would you like your HRC Service Coordinator to go with you to your child's next IEP?  YES  NO

14. What other things can Harbor Regional Center do to support you with your child's educational program? (For example, do you need information about special education rights? Would you like information about full inclusion? If classroom placement is an issue, do you need support to identify the best classroom placement for your child?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## THINGS ABOUT YOUR CHILD'S HEALTH

15. How is your child's health? Does he/ she have any health problems that concern you or your family? Any mental health concerns? \_\_\_\_\_  
\_\_\_\_\_

16. Does your child have a doctor and, if so, when did your child last see him/her? What for? \_\_\_\_\_  
\_\_\_\_\_
17. Does your child take any medications? \_\_\_\_\_ If so, what are they and what are the dosages? \_\_\_\_\_  
\_\_\_\_\_
18. Does your child have a dentist and, if so, when did your child last see him/her? \_\_\_\_\_  
\_\_\_\_\_
19. Does your child see a mental health provider, if so, when did your child last see him/her? \_\_\_\_\_  
\_\_\_\_\_
20. Do you need help finding a doctor or a dentist?  YES  NO
21. Do you have medical insurance for your child?  YES  NO
22. Does your child need any assistive technology?  YES  NO
23. How tall is your child and how much does he/she weigh? \_\_\_\_\_  
Is your child on a special diet? \_\_\_\_\_  
\_\_\_\_\_
24. Would you be interested in having us arrange an overall health/mental health review for your child?  YES  NO  Maybe (I would like to hear more about this.)

## THINGS ABOUT YOUR CHILD'S FUTURE

25. What are your hopes and dreams for your child's future? (Think about what you want for your child in the next year? What about three or four years from now?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
26. What worries you most about your child's future? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
27. What kinds of support will you need from your circle of support, and others in the community to help your child reach his/her goals?  
\_\_\_\_\_  
\_\_\_\_\_
28. How can Harbor Regional Center support your child in reaching his/her goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## THINGS ABOUT INFORMATION AND SUPPORT FOR YOUR FAMILY

29. Sometimes we connect parents to other parents who have children with special needs. Would you like to talk to another parent who has a child with special needs similar to your child's?  YES  NO
30. Some parents find it helpful to attend a parent support group. Would you like to know more about our parent support groups?  YES  NO

31. Harbor Regional Center has workshops and support groups for brothers and sisters of children with special needs. Would you like to know more about our sibling groups?  YES  NO
32. Harbor Regional Center has lots of training opportunities for parents. Would you like to know more about our training classes?  YES  NO
33. Do you need more information on public benefit programs like California Children's Services (CCS) or Supplemental Security Income (SSI) or In-Home Support Services (IHSS) or Medi-Cal?  YES  NO
- If yes, which?  CCS  SSI  IHSS  Medi-Cal
34. What is the best way for your Service Coordinator to contact you?  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 How often would you like to be contacted throughout the IPP year?  
 \_\_\_\_\_

**OTHER THINGS THAT ARE IMPORTANT TO YOUR FAMILY**

35. You can use this space to write about any other things that you think are important for the people who support your child plan for his/her future to know. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

