



## Request for Information

### Maine Parent Federation, Inc.

PO Box 2067, Augusta, Maine 04338-2067

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Email: [parentconnect@mpf.org](mailto:parentconnect@mpf.org) Website: [www.mpf.org](http://www.mpf.org)

This is a list of a **few** of our most requested resources. All materials are offered **free** of charge. Please check off the materials that you are requesting.

### Publications/Resources

- Advocacy
- Listing of State and National Resources
- Maine Unified Special Education Regulations Chapter 101
- Library List - (*mailbag lending library with books and DVDs on many topics*).
- Transition to Kindergarten: *A Guide for Parents of Children with Disabilities*
- Transition Planning: *A Guide for Parents of Young Adults with Disabilities*
- Putting It All Together - *A Handbook for families raising a child with a diagnosis of Emotional/Behavioral Disability*

### Fact Sheets

- Advocating for Your Child
- Raising Resilient Children
- What is Case Management?
- Evaluation: What Parents Need to Know
- Evaluation: What Parents Can Do to Prepare Their Child
- IEP Meeting: What Parents Can Do to Get Ready
- 504/IDEA: *Laws That Work for Students*
- Accessible Instructional Materials (AIM)
- Early Intervention: Your Child's Development (*Birth to Two*)

### Informational Rack Cards

- Parent's Rights Card
- Guide to Educational Advocacy in Maine
- MaineCare Waivers: *Section 21 and 29*
- MaineCare Waiver: *Section 28*

**Feel free to request information on other topics as well.**

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

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home/Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: (print clearly)

\_\_\_\_\_

Info about my child: Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: F \_\_\_\_\_ M \_\_\_\_\_

Disability: \_\_\_\_\_

\_\_\_\_\_

I am a: Parent \_\_\_\_\_ Family Member \_\_\_\_\_ Kinship \_\_\_\_\_ Professional \_\_\_\_\_ Other \_\_\_\_\_

Hispanic, Latino, or other Spanish Origin? Yes \_\_\_\_\_ No \_\_\_\_\_ Decline to answer \_\_\_\_\_

Race: White \_\_\_\_\_ Asian \_\_\_\_\_ Black or African American \_\_\_\_\_

American Indian or Alaska Native \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_

Other: \_\_\_\_\_ Decline to answer \_\_\_\_\_

Primary Language: \_\_\_\_\_ English \_\_\_\_\_ Spanish \_\_\_\_\_ Somali \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ I would like a copy of the MPF newsletter sent to my email address above.

\_\_\_\_\_ Please send me information about the Family Support Navigator program.

\_\_\_\_\_ Please send me information about MPF workshops.

\_\_\_\_\_ Please accept my donation to Maine Parent Federation in the amount of:

\_\_\_\_\_ \$5 \_\_\_\_\_ \$10 \_\_\_\_\_ \$20 \_\_\_\_\_ \$50 \_\_\_\_\_ \$75 \_\_\_\_\_ \$100 \_\_\_\_\_ Other

\_\_\_\_\_ Please send a receipt

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