

#### 4. Appointment Check-Off List and Initial Assessment

Name of Event	Process to Complete	Date completed
Guardianship Hearing	Attend	
Letters of Office, Order, Oath of Office	Request copies from Circuit Clerk. Clarify type of guardianship and duties. Is it a Plenary, Limited, Estate, Temporary? Residential Placement Authority?	
Bond	Check with Circuit Clerk for whether bond needs to be set with Commercial institution or Non-surety. Non-surety requires no cash or property used as collateral.	
Notify Social Security and Public Aid/Medicaid	Provide Letters and Order and contact information	
Notify Residential Facility if client is in a facility. Ask about Advanced Directives such as DNR. <b>See Section 5. Residential Placement and 9. Advanced Directives.</b>	Provide Letters and Order and ask for facility contract to sign. <b>Need to ask when Resident Care Plan is and advise facility when you want called for consents and problems.</b>	
Notify Medical Doctor	Provide Letters and Order	
Notify Workshop or whatever program services your client is in. Ask for dates when Service Plan will be reviewed.	Provide Letters and Order. Will need to give your contact number.	
Initial Assessment	Start day of appointment	
If appointed guardian for estate, <b>See Section 12 for the Illinois law</b> requiring reporting and filing.	If appointment includes Guardian of Estate you have 60 days from date of appointment to file an inventory with the court.	

## INITIAL ASSESSMENT

Client's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Marital Status ( ) Single ( ) Married ( ) Divorced ( ) Widowed ( )

**\*Does any person or agency provide care?** Yes ( ) No ( ) if yes, name and contact information: \_\_\_\_\_

**What type of living arrangement is it?** ( ) Private home ( ) Group Home ( ) CILA ( ) ICFDD ( ) ICF ( ) Nursing Home ( ) Independent Apartment ( ) Other

**Ask to see latest Public Health or other survey results. Note deficiencies.**

**What is source and amount of monthly income?**

**Is there a Representative Payee (RP)?** ( ) yes ( ) No If there is RP, provide contact info: \_\_\_\_\_

**Has the person handled their own financial affairs? If not, who does? Provide name and contact information:**

**Does the person have a checking account, stocks, bonds, life insurance, savings or other assets?** ( ) No ( ) Yes *If your appointment includes estate guardian, you will want to collect as much information as you can and record it on the Comprehensive Assessment forms found in Section 16. An Inventory is required to be filed within 60 days of appointment. See Inventory and Appraisal statute in Section 12.*

**\*Names of Siblings and other involved relatives: Provide names and contact info.**

## **5. Residential Placement Authority**

(755 ILCS 5/11a-14.1) (from Ch. 110 1/2, par. 11a-14.1)

Sec. 11a-14.1. Residential placement.) No guardian appointed under this Article, except for duly appointed Public Guardians and the Office of State Guardian shall have the power, unless specified by court order, to place his ward in a residential facility. The guardianship order may specify the conditions on which the guardian may admit the ward to a residential facility without further court order. In making residential placement decisions, the guardian shall make decisions in conformity with the preferences of the ward unless the guardian is reasonably certain that the decisions will result in substantial harm to the ward or to the ward's estate. When the preferences of the ward cannot be ascertained or where they will result in substantial harm to the ward or to the ward's estate, the guardian shall make decisions with respect to the ward's placement which are in the best interests of the ward. The guardian shall not remove the ward from his or her home or separate the ward from family and friends unless such removal is necessary to prevent substantial harm to the ward or to the ward's estate. The guardian shall have a duty to investigate the availability of reasonable residential alternatives. The guardian shall monitor the placement of the ward on an on-going basis to ensure its continued appropriateness, and shall pursue appropriate alternatives as needed. (Source: P.A. 90-250, eff. 7-29-97.)

If the guardian has placement authority as ordered by the court, signing of contract is important as well as reviewing the last survey which the facility has had. The surveys are, by law, posted in an area easy for review.

## 6. Contact Report and Annual Report Form

The contact report form is important and should be kept in a file. When routinely completed, the contact report can help track concerns you need to address and actions to take. This document will provide you the information to prepare the annual report to the court. The annual report is included in this section. If actions need to be taken as result of a meeting or discussion during the visit feel free to use the back of form to summarize.

Some suggestions on the completion of the Contact Report Form.

- The section asking about whether conditions are Better, Same, or Worse addresses key indicators. Your observations can be documented in the questions that follow that section.
- The form asks to check whether the client is Better, Same, or Worse. A decline in mood, appearance, mental alertness may only be temporary but should prompt the guardian to visit the person again in the near future or ask others to keep any eye on him or her.
- Did the person express any concerns or needs? Are these repeat concerns or needs that perhaps nothing more can be done or are they new concerns?
- If your client is receiving routine care from providers it is important that you question your client's satisfaction and if he/she has any requests.
- If the person receives caring services from other people on a regular basis, does it appear they are receiving appropriate care? Any other service provider should be questioned about the needs and wishes of the person.
- Make sure you enter any action that needs to be taken so you have a record to review as necessary.
- Were there any informed consents given for the person?
- What actions does the guardian have after the visit?

A Contact Form follows on next page. This is a sample of the record keeping a guardian may want to keep. The importance of a "paper trail" for decision making cannot be stressed enough. ***Most facility personnel are impressed with those family members and guardians who make notes during their visit. Taking the visit form with you and making notes and asking questions are highly recommended.***

## Contact Report

Person's Name \_\_\_\_\_ Date of Contact \_\_\_\_\_

Contact made: ( ) in person ( ) by phone

Use the table below to describe how the person and their situation compared to your last contact.

	Better	Same	Worse
His/her mood or emotional state	___	___	___
His/her mental alertness	___	___	___
His/her physical appearance and dress	___	___	___
The orderliness of his/her surroundings	___	___	___
His/her ability to move about	___	___	___

Was there anything in the person's behavior or environment that was a cause for concern?

Did the person repeat or express any specific needs such as financial, nutrition, transportation, personal care, and medications?

If other people provide care such as in-home, health services, financial management, does it appear the care is what their plan calls for and is he or she satisfied?

During, or a result of this contact, did you make any decision with or on behalf of the person? Examples like medications, dental care, surgery, financial matters, release of information, application for benefits, and placement.

What action do you need to take now? (List needs, provider who needs contacted, or applications needing completed and filed.)

Name \_\_\_\_\_ Signature \_\_\_\_\_

## Annual Report to Court

Pursuant to Article 11a-17(b) of the Illinois Probate Act, the court may direct the guardian of the person to file a report with the court at intervals established by the court. Illinois Office of State Guardian (OSG) shall assist the guardian in filing the report when requested by the guardian. The statewide number for the OSG is **1-866-274-8023**.

The annual report form that follows is an example. Different courts may want you to use different forms. The completion of the annual report is much easier if you have made copies of the Contact Reports and the Medical Decision Summary.

The annual report form heading is to be completed by filling in the lines for county, disabled persons name, docket number, guardian's name, and type of guardianship. The sections that follow require some explanation. Each section refers to the person who is the client (ward) and his or her minor or dependent children. If there are minor or dependent children, then the guardian is essentially serving as their surrogate (substitute) decision maker also and all the reports referenced need to include them. If there are no minor or dependent children, and most often there are not any, then only the client needs to be referenced.

Section I. Factors to include are the mood, mental condition, health problems, and whether the person has social contacts or are they isolated.

Section II. In most cases unless there has been a transfer to another facility or group home, or institution this will only include one address.

Section III. Services that could be entered are medical, dental, workshops, therapies, psychiatric, and home health. Supportive social services such as counseling, transportation, friendly visiting, home delivered meals, and homemaker/chore housekeeping, and community services like senior centers.

Section IV. Consult your Contact Report for completing this section.

Section V., VI. and VII. These sections ask for the guardian to inform the court of essential information as to the guardian's opinions for the need of continuation of guardianship for the client. The area for personal fund balance and bank account information completes the information needed. Sign the report and have it notarized before taking it to or mailing to the circuit clerk identified in the heading.



IV. Guardian's activities on behalf of ward and his/her children

Date of Personal Visits

Significant Occurrences

- |     |       |     |       |
|-----|-------|-----|-------|
| 1.  | _____ | 1.  | _____ |
| 2.  | _____ | 2.  | _____ |
| 3.  | _____ | 3.  | _____ |
| 4.  | _____ | 4.  | _____ |
| 5.  | _____ | 5.  | _____ |
| 6.  | _____ | 6.  | _____ |
| 7.  | _____ | 7.  | _____ |
| 8.  | _____ | 8.  | _____ |
| 9.  | _____ | 9.  | _____ |
| 10. | _____ | 10. | _____ |
| 11. | _____ | 11. | _____ |
| 12. | _____ | 12. | _____ |

V. Appropriateness of Placement:

VI. Recommendation as to the need for continued guardianship:

VII. Other information considered useful in the opinion of the guardian:

Personal Fund balance of \$ \_\_\_\_\_ held at \_\_\_\_\_  
Bank Account balance of \$ \_\_\_\_\_ held at \_\_\_\_\_

Subscribed and sworn to this \_\_\_\_\_ day  
Of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian  
Address: \_\_\_\_\_  
City: \_\_\_\_\_

\_\_\_\_\_  
Notary Public



## **7. Medical Decision Summary**

Howard Eisenberg spoke of the legal principle of autonomy when he wrote this in the Illinois Volunteer Guardian manual produced by the Volunteer Guardianship Project at Southern Illinois University-Carbondale in 1999.

"The law provides that no person may touch another person without the permission of the one who is touched. This legal principle is designed to serve the value of autonomy; the right of every person to control his or her own body. In the area of medical law, this legal concept is translated into a doctrine that provides that no medical treatment can be provided without the patient's consent because medical care involves touching and/or invading a person's body."

A guardian is given by the court "substituted decision making authority" to consent for medical intervention for another person. For this consent to be valid, it must be a competent, informed, and voluntary. However, the court has determined the person lacks decisional capacity. Therefore, the guardian must take into consideration all the information for the client as if the client could make the decision his or herself. It is very important that every effort be made to include the disabled person's wishes and thoughts in an informed decision.

The information that is collected on the *Medical Decision Summary* form is essential in making an informed decision. There must be no coercion to sway the decision one way or another. Always try to make the decision as you believe the disabled person would make. If the client objects, an alternative treatment plan can be requested. It should be presented and the consequences for refusing the treatment or its alternative must be explained to the disabled person.

The form that follows should be used when medical intervention is needed. The form contains the questions a guardian should try to find the answers to before giving consent or refusing consent. The medical service will no doubt have a consent form to sign. It is recommended that the *Medical Decision Summary* be used and the medical provider's form can then be attached for record keeping. If the guardian follows this procedure, the documentation can be used for preparation of the annual report to court, as directed by the court. The form follows and it is recommended that a file be set up with all the consents a guardian makes.

## Medical Decision Consent

Client's Name \_\_\_\_\_

Medical Practitioner Requesting Consent. Enter name and contact information.

Name \_\_\_\_\_ Phone \_\_\_\_\_

What is condition that requires treatment? \_\_\_\_\_  
\_\_\_\_\_

Have you reviewed and obtained a copy of all medical records pertaining to this condition?

What is the urgency of the treatment? ( ) Routine ( ) Emergency ( ) Inpatient ( ) Outpatient

What is the proposed treatment and method of anesthesia, if needed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the person for whom you are guardian been informed of his/her condition and of the need for Treatment? What was the response? \_\_\_\_\_  
\_\_\_\_\_

Is there any behavioral or physical condition that might prevent or delay treatment and recovery?  
\_\_\_\_\_

What are the risks, benefits, expected outcomes, and alternatives for treatment? \_\_\_\_\_  
\_\_\_\_\_

Did you seek a second opinion and, if so, from whom and what was the second opinion?  
\_\_\_\_\_  
\_\_\_\_\_

Do you consent ( ) to treatment ( ) not consent to treatment? If not, state reason. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Guardian or agent's signature \_\_\_\_\_ Date \_\_\_\_\_

## **8. Health Care Surrogate in Probate Act**

**(755 ILCS 40/1) (from Ch. 110 1/2, par. 851-1)**

(d) A guardian acting as a surrogate decision maker under the Health Care Surrogate Act shall have all the rights of a surrogate under that Act without court order including the right to make medical treatment decisions such as decisions to forgo or withdraw life-sustaining treatment. Any decisions by the guardian to forgo or withdraw life-sustaining treatment that are not authorized under the Health Care Surrogate Act shall require a court order. Nothing in this Section shall prevent an agent acting under a power of attorney for health care from exercising his or her authority under the Illinois Power of Attorney Act without further court order, unless a court has acted under Section 2-10 of the Illinois Power of Attorney Act. If a guardian is also a health care agent for the ward under a valid power of attorney for health care, the guardian acting as agent may execute his or her authority under that act without further court order.

(e) Decisions made by a guardian on behalf of a ward shall be made in accordance with the following standards for decision making. Decisions made by a guardian on behalf of a ward may be made by conforming as closely as possible to what the ward, if competent, would have done or intended under the circumstances, taking into account evidence that includes, but is not limited to, the ward's personal, philosophical, religious and moral beliefs, and ethical values relative to the decision to be made by the guardian. Where possible, the guardian shall determine how the ward would have made a decision based on the ward's previously expressed preferences, and make decisions in accordance with the preferences of the ward. If the ward's wishes are unknown and remain unknown after reasonable efforts to discern them, the decision shall be made on the basis of the ward's best interests as determined by the guardian. In determining the ward's best interests, the guardian shall weigh the reason for and nature of the proposed action, the benefit or necessity of the action, the possible risks and other consequences of the proposed action, and any available alternatives and their risks, consequences and benefits, and shall take into account any other information, including the views of family and friends, that the guardian believes the ward would have considered if able to act for herself or himself.

## 9. Advance Directives

[www.idph.state.il.us/public/books/advdir4.htm](http://www.idph.state.il.us/public/books/advdir4.htm)

<http://www.illinois.gov/sites/gac/Forms/Pages/Forms.aspx>

Illinois law allows for the following three types of advance directives: (1) health care power of attorney; (2) living will; and (3) mental health treatment preference declaration. State law provides copies of sample advance directives forms. In addition, the web sites above direct you to these forms and a copy of the Illinois Department of Public Health (IDPH) Uniform Do Not Resuscitate (DNR) Advance Directive.

### Mental Health Treatment Preference Declaration (MHTPD)

A MHTPD lets you declare if you want to receive electroconvulsive treatment (ECT) or psychotropic medicine when you have a mental illness and are unable to make these decisions for yourself. It also allows you to say whether you wish to be admitted to a mental health facility for up to 17 days of treatment. You can write your wishes and/or choose someone to make your mental health decisions for you. In the declaration, you are called the "principal" and the person you choose is called an "attorney-in-fact." Neither your health-care professional nor any employee of a health-care facility in which you reside may be your attorney-in-fact. Your attorney-in-fact must accept the appointment in writing before he or she can start making decisions regarding your mental health treatment. The attorney-in-fact must make decisions consistent with any desires you express in your declaration unless a court orders differently or an emergency threatens your life or health.

The MHTPD expires three years from the date you sign it. Two people must witness you signing the declaration. The following people may not witness your signing of the declaration: your health-care professional; an employee of a health-care facility in which you reside; or a family member related by blood, marriage or adoption. You may cancel your declaration in writing prior to its expiration as long as you are not receiving mental health treatment at the time of cancellation. If you are receiving mental health treatment, your declaration will not expire and you may not cancel it until the treatment is successfully completed.

### Do-Not-Resuscitate Order

You may also ask your health-care professional about a do-not-resuscitate order (DNR order). A DNR order is a medical treatment order stating that cardiopulmonary resuscitation (CPR) will not be attempted if your heart and/or breathing stops. The law authorizing the development of the form specifies that an individual (or his or her authorized legal representative) may execute the IDPH Uniform DNR Advance Directive directing that resuscitation efforts shall not be attempted. Therefore, a DNR order completed on the IDPH Uniform DNR Advance Directive contains an advance directive made by an individual (or legal representative), and also contains a physician's order that requires a physician's signature.

Before a DNR order may be entered into your medical record, either you or another person (your legal guardian, health care power of attorney or surrogate decision maker) must consent to the DNR order. This consent must be witnessed by one person who is 18 years or older. If a DNR order is entered into your medical record, appropriate medical treatment other than CPR will be given to you. This webpage provides a copy of the Illinois Department of Public Health (IDPH) Uniform Do Not Resuscitate (DNR) Advance Directive that may be used by you and your physician. This webpage also provides a link to guidance for individuals, health-care professionals and health-care providers concerning the IDPH Uniform DNR Advance Directive.

What happens if you don't have an advance directive?

Under Illinois law, a health care "surrogate" may be chosen for you if you cannot make health-care decisions for yourself and do not have an advance directive. A health care surrogate will be one of the following persons (in order of priority):

- guardian of the person,
- spouse,
- any adult child(ren),
- either parent,
- any adult brother or sister, any adult grandchild(ren),
- a close friend,
- or guardian of the estate.

The surrogate can make all health-care decisions with certain exceptions. A health care surrogate cannot tell a health-care professional to withdraw or withhold life-sustaining treatment unless there is a "qualifying condition," which is a terminal condition, permanent unconsciousness, or an incurable or irreversible condition. A "terminal condition" is an incurable or irreversible injury for which there is no reasonable prospect of cure or recovery, death is imminent and life-sustaining treatment will only prolong the dying process. "Permanent unconsciousness" means a condition that, to a high degree of medical certainty, will last permanently, without improvement; there is no thought, purposeful social interaction or sensory awareness present; and providing life-sustaining treatment will only have minimal medical benefit. An "incurable or irreversible condition" means an illness or injury for which there is no reasonable prospect for cure or recovery that ultimately will cause the patient's death, that imposes severe pain or an inhumane burden on the patient, and for which life-sustaining treatment will have minimal medical benefit.

Two doctors must certify that you cannot make decisions and have a qualifying condition in order to withdraw or withhold life-sustaining treatment. If a health care surrogate decision maker decides to withdraw or withhold life-sustaining treatment, this decision must be witnessed by a person who is 18 years or older. A health care surrogate may consent to a DNR order; however, this consent must be witnessed by one individual 18 years or older.

A health care surrogate, other than a court-appointed guardian, cannot consent to certain mental health treatments, including treatment by electroconvulsive therapy (ECT), psychotropic medication or admission to a mental health facility. A health care surrogate can petition a court to allow these mental health services.

## 10. Individual Program Plans/Care Plans

Among the duties of a guardian that affects your client/loved one the most is your participation at the Individual Program Plan (IPP) or if in a nursing facility it is called Resident Care Plan. There are other names for plans as well. The areas shown below are essential to any review. A service provider is required by regulations to assess and get informed consent for the plan. The criteria outlined can be used as a guide. The column headed "Follow-up" can be used to enter your notes to document what is discussed at the planning meeting. Make several copies of this review so you can keep your notes as a record for future meetings. The criteria below appeared in the January edition of the *Guardian Bulletin* authored by Mary Davidson, 2015.

<u>Area</u>	<u>What to ask</u>	<u>Follow-up needed</u>
Medical	<ul style="list-style-type: none"> <li>• Assessments - Physical, dental, vision, hearing, occupational therapy, physical therapy, pap, mammogram, monthly breast checks, labs (CBC, CMP, Lipid profile, HA1C/blood sugar, thyroid panel, PSA, etc.</li> <li>• Swallowing issues (coughing/pacing). Bowel and bladder habits. EGD (upper endoscopy)/Colonoscopy (lower endoscopy) if needed and age related.</li> <li>• Seizures and seizure medication levels (if applicable).</li> <li>• Updated vaccinations (flu, pneumonia, hepatitis, TB, etc.)</li> <li>• Do Not Resuscitate orders/Advanced Life Directives</li> </ul>	
Behavioral	<ul style="list-style-type: none"> <li>• Rule out causes for behavioral issues by reviewing medical issues and dental health.</li> <li>• Whether lab values are out of range and side effects of medications can be causes of behavioral issues.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Are their regular bowel movements (type, frequency, etc.)? Rule out urinary tract infections, sleeping problems, too much caffeine, allergies, traumas, losses, environment, pain, hot, cold, thirsty, and extreme hunger.</li> <li>• Use of outside consults - Behavior Analysts, Pharmacists, SST/CART (state consulting groups).</li> </ul>	
Program	<ul style="list-style-type: none"> <li>• Goals should increase more work and independent living skills at home such as eating, showering, dressing, cleaning, self administration of medication and how much care is required in taking medications toward independence. Community integration for access to community activities/likes/dislikes need to be addressed</li> </ul>	
Financial	<ul style="list-style-type: none"> <li>• Money management issues including assistance in managing/spending money and access to ones finances (spending/saving). Receiving financial statements on a quarterly basis should be part of management.</li> </ul>	
Workshop/ Day Training/Co mmunity Employ- ment	<ul style="list-style-type: none"> <li>• Ability to choose where they want to work and what type of job they want to do is very important to achieving job satisfaction</li> </ul>	
Personal Goals	<ul style="list-style-type: none"> <li>• Dreams, goals, travel, purchasing of large or small ticket items, and work/employment opportunities are major points of discussion</li> </ul>	
	<ul style="list-style-type: none"> <li>•</li> </ul>	



Basic Needs	<ul style="list-style-type: none"> <li>• Hygiene (nails, hair, body odor/shaved), clothing/shoes (soiled, poor fitting, inappropriate, torn) are always key to client happiness.</li> <li>• Skin issues may require repositioning if unable to turn self.</li> <li>• Wheelchair maintenance and cleanliness should be addressed.</li> <li>• Devices such as helmets, glasses, dentures, hearing aids, and razors need checked out and be in working order.</li> <li>• Facility needs to be clean, safe, be comfortable, have arm chairs, and serve nutritious, adequate food.</li> </ul>	
Legal	<ul style="list-style-type: none"> <li>• Any legal or charges pending including requirement of annual reports to the courts should be well documented.</li> </ul>	
Family	<ul style="list-style-type: none"> <li>• Policies for visits at the home, hours, communication from the facility (what type of information do you want to receive -injuries, hospitalizations, etc) and the ability to take family member home or out of facility should be in client's records.</li> <li>• Visitation restrictions (family/friends that are not allowed to visit).</li> <li>• Advanced Directives (burial, cremation, family burial plots, prepaid burials, organ donation) should be documented in file.</li> </ul>	

## 11. Individualized Education Plan

Starting at age 14 1/2, schools are to start working with students, parents and guardians to develop a transition plan as part of the IEP. The transition plan is to facilitate transition into adulthood and is required to address education/training, employment and adult living. IEP goals should include elements of the student's individual transition goals. Included in the transition planning may be issues related to either helping the student further his/her own decision-making or considering the need for surrogacy. Schools are required to offer special education services until age 22. Hence, most students are still in school when they reach the age of majority (18). At that time, parents need to consider whether or not to pursue guardianship or some other form of advanced directive. Under Illinois law, one year prior to turning age 18, schools are to address this with parents and the student can either choose to make his/her own decisions or allow a delegation of special education rights. Here is a quote from the parent manual posted on the Illinois State Board of Education (ISBE) website:

### What is the transfer of parental rights all about?

"When a young adult reaches the age of 18 in Illinois, they have truly become an adult in the eyes of the law and have the right to make their own decisions. According to IDEA 2004, at least one year before a student reaches the age of 18, the school district must inform the parent(s) and student of the rights under the federal and state regulations that will transfer from the parent to the student upon turning 18. This means that unless other arrangements have been made by the family, e.g., guardianship - the student has the right to make the final decisions about his/her education.

### Delegation of rights - another option

During the 2007 legislative session, Illinois added language to the school code (23 IAC 14-6.10) that allows a student to retain independent legal status while delegating his/her right to make educational decisions. According to the added requirement, a student who has reached the age of 18 can choose to sign a Delegation of Rights to choose their parent or other adult to represent them and assist in making decisions about his/her education. This delegation applies only to

educational decisions and can be ended by the student at any time. The school district must provide a copy of the Delegation of Rights to the parent and student during the IEP meeting in the year that the student turns 17."

To create an effective IEP, parents, teachers, other school staff--and often the student--must come together to look closely at the student's unique needs. The IEP guides the delivery of special education supports and services for the student with a disability. (Ten Steps that follow come from Office of Special Education and Rehabilitative Services, USDE, July 2000.)

<p><b>1</b> Step 1. Child is identified as possibly needing special education and related services.</p>	<p>"Child Find." The state must identify, locate, and evaluate all children with disabilities in the state who need special education and related services. To do so, states conduct "Child Find" activities. A child may be identified by "Child Find," and parents may be asked if the "Child Find" system can evaluate their child. Parents can also call the "Child Find" system and ask that their child be evaluated. Or — Referral or request for evaluation. A school professional may ask that a child be evaluated to see if he or she has a disability. Parents may also contact the child's teacher or other school professional to ask that their child be evaluated. This request may be verbal or in writing. Parental consent is needed before the child may be evaluated. Evaluation needs to be completed within a reasonable time after the parent gives consent.</p>
<p><b>2</b> Step 2. Child is evaluated.</p>	<p>The evaluation must assess the child in all areas related to the child's suspected disability. The evaluation results will be used to decide the child's eligibility for special education and related services and to make decisions about an appropriate educational program for the child. If the parents disagree with the evaluation, they have the right to take their child for an Independent Educational Evaluation (IEE). They can ask that the school system pay for this IEE.</p>

<p><b>3</b> Step 3. Eligibility is decided.</p>	<p>A group of qualified professionals and the parents look at the child's evaluation results. Together, they decide if the child is a "child with a disability," as defined by IDEA. Parents may ask for a hearing to challenge the eligibility decision.</p>
<p><b>4</b> Step 4. Child is found eligible for services.</p>	<p>If the child is found to be a "child with a disability," as defined by IDEA, he or she is eligible for special education and related services. Within 30 calendar days after a child is determined eligible, the IEP team must meet to write an IEP for the child.</p>
<p><b>5</b> Step 5. IEP meeting is scheduled.</p>	<p>The school system schedules and conducts the IEP meeting. School staff must:</p> <ul style="list-style-type: none"> <li>• contact the participants, including the parents;</li> <li>• notify parents early enough to make sure they have an opportunity to attend;</li> <li>• schedule the meeting at a time and place agreeable to parents and the school;</li> <li>• tell the parents the purpose, time, and location of the meeting;</li> <li>• tell the parents who will be attending; and</li> <li>• tell the parents that they may invite people to the meeting who have knowledge or special expertise about the child.</li> </ul>
<p><b>6</b> Step 6. IEP meeting is held and the IEP is written.</p>	<p>The IEP team gathers to talk about the child's needs and write the student's IEP. Parents and the student (when appropriate) are part of the team. If the child's placement is decided by a different group, the parents must be part of that group as well.</p> <p>Before the school system may provide special education and related services to the child for the first time, the parents must give consent. The child</p>

	<p>begins to receive services as soon as possible after the meeting.</p> <p>If the parents do not agree with the IEP and placement, they may discuss their concerns with other members of the IEP team and try to work out an agreement. If they still disagree, parents can ask for mediation, or the school may offer mediation. Parents may file a complaint with the state education agency and may request a due process hearing, at which time mediation must be available.</p>	
<p><b>7</b> Step 7. Services are provided.</p>	<p>The school makes sure that the child's IEP is being carried out as it was written. Parents are given a copy of the IEP. Each of the child's teachers and service providers has access to the IEP and knows his or her specific responsibilities for carrying out the IEP. This includes the accommodations, modifications, and supports that must be provided to the child, in keeping with the IEP.</p>	
<p><b>8</b> Step 8. Progress is measured and reported to parents.</p>	<p>The child's progress toward the annual goals is measured, as stated in the IEP. His or her parents are regularly informed of their child's progress and whether that progress is enough for the child to achieve the goals by the end of the year. These progress reports must be given to parents at least as often as parents are informed of their nondisabled children's progress.</p>	
<p><b>9</b> Step 9. IEP is reviewed.</p>	<p>The child's IEP is reviewed by the IEP team at least once a year, or more often if the parents or school ask for a review. If necessary, the IEP is revised. Parents, as team members, must be invited to attend these meetings. Parents can make suggestions for changes, can agree or disagree with the IEP goals, and agree or disagree with the</p>	

	<p>placement.</p> <p>If parents do not agree with the IEP and placement, they may discuss their concerns with other members of the IEP team and try to work out an agreement. There are several options, including additional testing, an independent evaluation, or asking for mediation or a due process hearing. They may also file a complaint with the state education agency.</p>	
<p><b>10</b> Step 10. Child is reevaluated.</p>	<p>At least every three years the child must be reevaluated. This evaluation is often called a "triennial." Its purpose is to find out if the child continues to be a "child with a disability," as defined by IDEA, and what the child's educational needs are. The child must be reevaluated if conditions warrant or if the child's parent or teacher asks for a new evaluation.</p>	

The above ten steps, which summarizes the overall IEP process, lacks the detail a family member or guardian would need to know to assure adequate services for an IEP that supports the student's needs. Mark Schudel, Principal Consultant with the Illinois State Board of Education (ISBE), advises "that the *Parent's Guide* found at <http://isbe.net/spec-ed/html/parentright.htm> includes links to both the complete guide and the individual chapters broken into their own documents. When parents or guardians seek technical assistance from us, this is the first document we provide them to support their understanding of special education and the IRP process."

## **12. Financial Management and Recordkeeping**

The appointment of guardian of person and estate require a lot of record keeping. Duties of guardian of person, either limited or plenary, may just involve checking on the agency who is representative payee of public benefits such as social security.

Before looking at forms it is important to outline procedures that are important to protect the client's assets, simplify financial management, and protect the guardian. Starting with guardian of estate and listing those procedures will help the guardian to oversee representative payee duties as well.

1. As estate guardian the purpose is to ensure the safety of the assets, obtain the highest and safest rate of return, and use the assets for the care of the person and for reasonable expenses of serving as guardian.
2. The guardian should be prepared to use legal counsel to determine allowable expenses that can be charged to the estate.
3. If there are considerable investment assets, a guardian may need a financial planner to help look at options.
4. A safety deposit box may be needed to keep all relevant legal and financial records. Distribution of keys is important and can be reported to the court.
5. All credit accounts should be closed. Charge cards should be destroyed and the company notified of your appointment.
6. Review all insurance policies. All insurance companies need to be notified of the guardian's appointment.
7. The guardian will need to open a new checking account and close the previous accounts. All expenses and income go through this account. Ask the bank how the account should be titled. Balance the account monthly.
8. If there is excess cash in the account, then seek a better interest for those funds if possible. Consult with the financial planner as needed.

**In summary, manage the assets for maximum yield and less risk and reasonableness of expense. Seek professional advice and keep accurate records. There are basic forms provided in the manual but if one wants to use a computer program for the accounting of a client's estate, the filing of reports to the court will be much easier and more correct.**

**Financial Management Record**

Name of Bank \_\_\_\_\_ Acct.# \_\_\_\_\_ Checking \_\_\_\_\_  
 Savings \_\_\_\_\_ Other \_\_\_\_\_

<u>Date</u>	<u>Check/Dep.#</u>	<u>Description</u>	<u>Check Amt.</u>	<u>Receipt Amt.</u>	<u>Balance</u>
		Totals	\$	\$	\$



If a person is appointed guardian of estate, the guardian has the duty of filing an inventory. The Illinois law that pertains to this requirement follows:

#### INVENTORY AND APPRAISAL

(755 ILCS 5/14-1) (from Ch. 110 1/2, par. 14-1)

Sec. 14-1. Inventory.) (a) Within 60 days after the issuance of his letters the representative of the estate of a decedent or ward shall file in the court a verified inventory of the real and personal estate which has come to his knowledge and of any cause of action on which he has a right to sue. If any real or personal estate comes to the knowledge of the representative after he has filed an inventory he shall file a supplemental inventory thereof within 60 days after it comes to his knowledge.

(b) The inventory must describe the real estate and the improvements and encumbrances thereon, state the amount of money on hand and list all personal estate.

(Source: P.A. 81-213.)

(755 ILCS 5/14-2) (from Ch. 110 1/2, par. 14-2)

Sec. 14-2. Appraisal.) If the representative believes that it is necessary for the proper administration of the estate to determine the value of any goods and chattels, the representative may appraise them or may employ one or more competent, disinterested appraisers for that purpose and pay each of them reasonable compensation for his services.

(Source: P.A. 81-213.)

As mentioned in the law an inventory, appraisal, and at the end of the first year a current accounting is due to the court. The 60 day requirement for the inventory is obviously important. An original inventory can be followed up as needed by an "amended" or a "supplemental" based on the guardian becoming aware of additional assets or an additional appraisal of certain assets. On the form each piece of property listed includes quantity, a complete description as possible, and a value. Items can be lumped together if they are identical such as plates and kitchen utensils. Legal descriptions should be used if they are available such as property and investment documents. Appliances, furniture, and equipment should include brand name and model if possible. Mortgages and assets that carry loan payments should show the value of item less the amount of loan payable.

It is allowable to list an item as having "nominal value" or "not known." If at all possible, another person should be present as the inventory is taken. This person can countersign the inventory as a witness.

The inventory should be reviewed by an attorney prior to filing with the court. The attorney will request all the information he or she needs in order to give competent and professional advice on the further investigation of assets, the protection of assets, the pursuit of claims, questions on file, the amount of waiver of bond, the disposition of property not needed or used by the person who is the client, and any other legal issues that may arise during the review of the inventory.

The Financial Management Record, Inventory, and First (Current) Accounting follow. As mentioned earlier, the forms are examples and other types can be acceptable to the court. The important thing to remember is that one must keep accurate information available for court reporting.