

INTAKE FORM

Taken By:	Referred By:	Date:	Atty Requested:
Child's Name:		Date of birth:	
Adopted? If so, at what age / place of birth?			
Parents / Guardians:			
Marital status of parents:			
Home Address:			
Are you currently working with an attorney or Educational Advocate? If so, whom?			
Have you worked with an attorney or Educational Advocate with in the last 2 to 3 years? If so, whom?			
Local Education Agency (School System):			
Contact Info (home #, work #, cell, e-mail):			
Current Grade:			
Current School:			
Is the above the home / neighborhood school? If not, what is?			
Ever repeated a grade? If so, what was reason?			
Currently receiving special ed services? If so, since when?			
Name and/or description of special education program:			
Disability Code(s) / Diagnostic Label(s)			

Is there an IEP in place? Does it include related services? If so, which related services? What is the level / intensity of service?	
Name and duration of previous educational placements (to extent known):	
What are you seeking?	
Why are you unhappy?	
When and what was the most recent testing? Diagnosis? Name(s) of evaluator(s)? Recommendations?	
Any medications? If so, when did they start?	
Any upcoming meetings scheduled with the county? When? Where?	
Date/type/outcome of most recent meeting?	
In what time frame would you like this to be resolved?	
Any additional information?	