

INTAKE FORM

Today's Date:	Referred By:		
Child's Name:		Child's Date of Birth:	
Adopted? If so, at what age / place of birth?			
Parent's / Guardian's Names:			
Marital status of Parents:			
Parents'/Guardians' Home Address:	City:	State:	Zip Code:
Parents'/Guardians' Contact Info: (home, work, cell, e-mail)			
Are you currently working with an attorney or Educational Advocate?			
Have you worked with an attorney or Educational Advocate within the last 2 to 3 years? If so, whom, and how/when was the relationship terminated?			
County School System:			
Current School:			
Is this the neighborhood school: If not, what is?			
Name and duration of previous schools attended:			
Current Grade:			
Ever repeated a grade? If so, what was reason?			
Currently receiving special ed services? If so, since when?			
Is there an IEP in place? Does it include any services such as Speech, OT, counseling, etc?			

Number of hours for services given?	
In what setting are services provided?	
Is there a 504 Plan in place? What accommodations are being provided?	
What brings you to contact our office? (Please be as detailed as possible.)	
If you are seeking a private placement or have placed your child privately, what notice has been given to school system, and when?	
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? When? Where? What type of meeting? (i.e. IEP, mediation, hearing, CIEP)	
Date/type/outcome of most recent meeting?	
Any additional information?	
Would you like information/input about life planning (i.e. wills, trusts, special needs planning, guardianship)?	