

CLIENT INTAKE FORM^{© 2011}

Please complete this form and click submit at the end of the document and we will then contact you to set up a meeting with one of our attorneys.

If you need more room to answer any of the questions, you can use the last page of this document to complete your response.

Date

PARENT INFORMATION

	Mother	Father
First Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
Home Phone	<input type="text"/>	<input type="text"/>
Work Phone	<input type="text"/>	<input type="text"/>
Cell Phone	<input type="text"/>	<input type="text"/>
Preferred Contact (Mother or Father; Home or Cell No):	<input type="text"/>	
Student Resides With	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Both Parents	
Student's Street Address	<input type="text"/>	
Student's City and Zip	<input type="text"/>	

STUDENT INFORMATION

First Name	<input type="text"/>	Middle	<input type="text"/>	Last	<input type="text"/>		
Birthdate	<input type="text" value="mm"/>	<input type="text" value="dd"/>	<input type="text" value="yyyy"/>	Age	<input type="text"/>	Grade	<input type="text"/>

SCHOOL PLACEMENT

School District

Type of School

- Public School
- Nonpublic/Private Day
 - Paid by District
 - Paid by Parent
- Residential Facility
 - Paid by District
 - Paid by Parent

Type of Placement

- General Education
- Resource Specialist Services
- Special Day Class
- Home Hospital

EDUCATION INFORMATION

Is the student currently eligible for special education? Yes No

If yes, please insert the date when student was first made eligible:

If yes, please insert the date of the most recent IEP meeting:

If yes, please indicate the student's eligibility:

- Autism/Autistic-Like
- Emotionally Disturbed
- Hearing Impaired
- Language or Speech Disorder
- Mental Retardation
- Other Health Impaired
- Other Health Impaired - ADD/ADHD
- Visually Impaired
- Orthopedically Impaired
- Specific Learning Disability
- Other Health Impaired
- Other

Related services being provided by school district:

Type of Service

Frequency

<input type="radio"/> Speech/Language Therapy	<input type="text"/>	Minutes	<input type="text"/>	Times Per	<input type="text"/>
<input type="radio"/> Occupational Therapy	<input type="text"/>	Minutes	<input type="text"/>	Times Per	<input type="text"/>
<input type="radio"/> Physical Therapy	<input type="text"/>	Minutes	<input type="text"/>	Times Per	<input type="text"/>
<input type="radio"/> Behavioral Therapy	<input type="text"/>	Minutes	<input type="text"/>	Times Per	<input type="text"/>
<input type="radio"/> Adaptive P.E.	<input type="text"/>	Minutes	<input type="text"/>	Times Per	<input type="text"/>
<input type="radio"/> Other <input type="text"/>	<input type="text"/>	Minutes	<input type="text"/>	Times Per	<input type="text"/>

Are any of the following skills below grade level?

	Yes	No
Math	<input type="radio"/>	<input type="radio"/>
Reading	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>
Language (Expressive/Receptive)	<input type="radio"/>	<input type="radio"/>
Other <input type="text"/>	<input type="radio"/>	<input type="radio"/>

Does student have a Behavior Support Plan? Yes No

ASSESSMENTS

Has the school district assessed the student? Yes No Date

Has the student been privately assessed?

Date of Assessment Name of Assessor Type of Assessment

<u>Date of Assessment</u>	<u>Name of Assessor</u>	<u>Type of Assessment</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

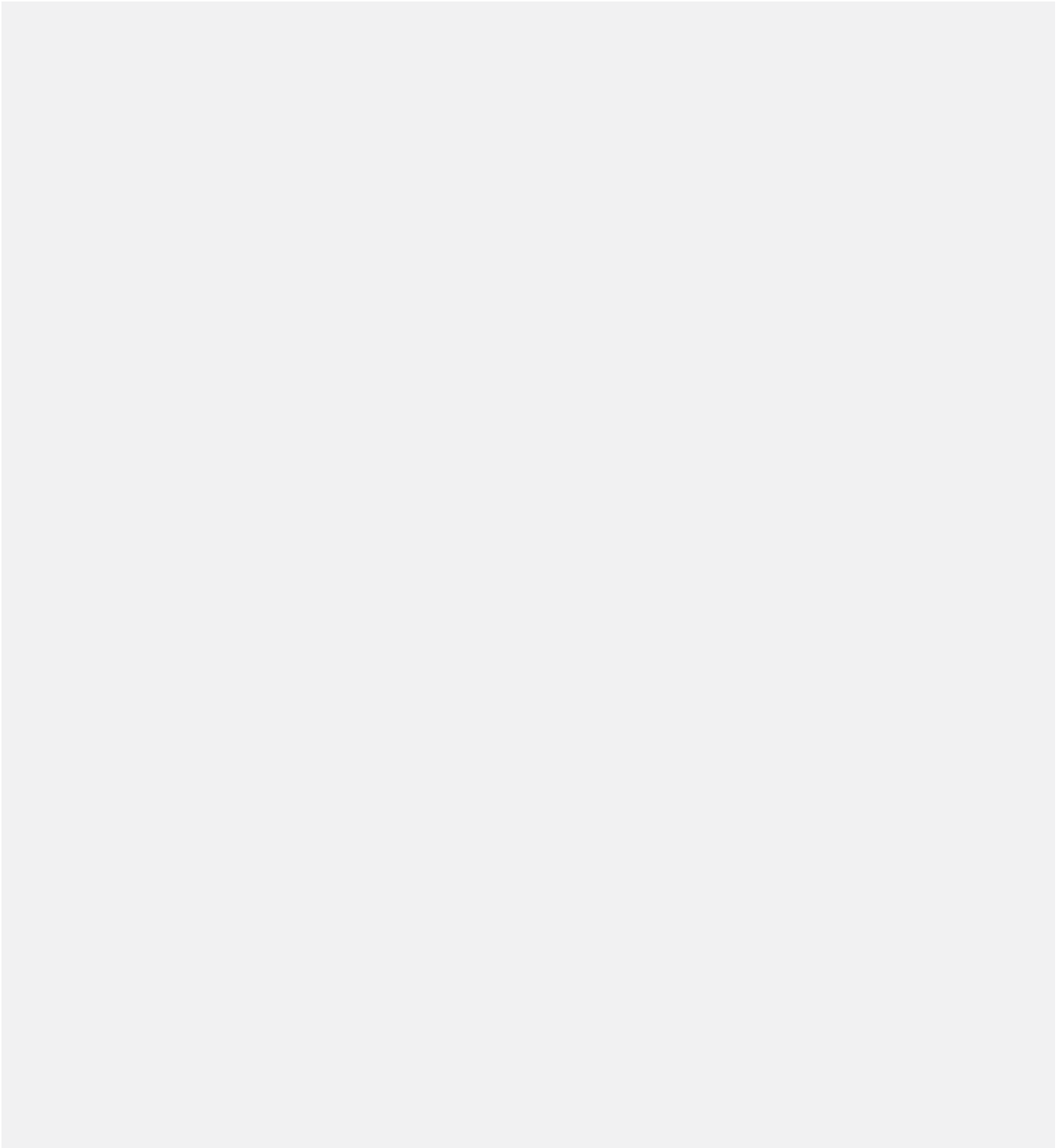
REGIONAL CENTER

Is the student eligible for Regional Center services? Yes No

If so, what Regional Center services is the student receiving?

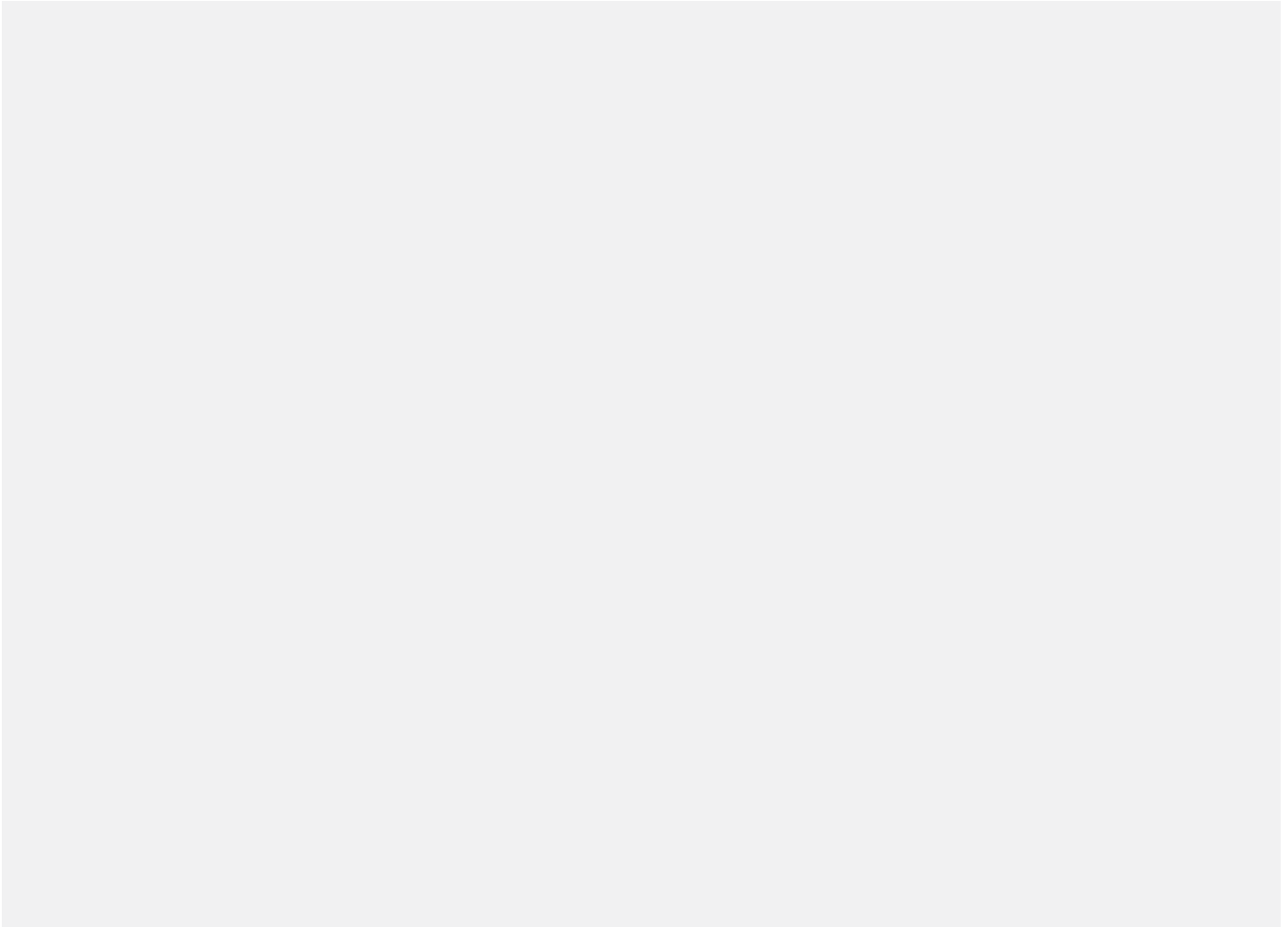
CURRENT PROBLEM

Please provide a description of your current concerns and any additional information you believe will help us in evaluating your case:



SUPPLEMENTAL ANSWERS

If you need more space to answer any of the questions in this form, please use the space below:



SUBMIT THIS FORM

OR

If you have difficulties with the submit button, please “save as” from the file menu, name the file something unique and then attach the file to an email. Send to intake@specialledlaw.org.