



INTAKE FORM

Basic Information Section

Parent / Guardian Information		
Name(s): Mother: _____ Father: _____		
Current street address:		
City:	State:	ZIP Code:
Email(s):	Phone:	Cell Phone:
Child Information		
Name:		
Disability:	Age:	Gender:
School:	District:	Teacher:
School Phone No:	District Phone No:	Principal:
Does Your Child Have An IEP:	Yes No (Please circle)	Spec Ed Teacher:

Educational History Section

1. Please describe your child's present educational program and any special education, accommodations and/or modifications to a regular education program.

2. Please describe the nature of your child's disability and what has or has not been done about it.

3. Please explain what you think the legal problem is.

4. Please explain what you have done so far to address this problem.

5. Please explain what you think a suitable resolution might be, such as what you think needs to be done for your child to receive a free appropriate public education.

6. On this page, please write anything else that you think is IMPORTANT, not just related, for me to know.

A large, empty rectangular box with a thin black border, occupying most of the page below the question. It is intended for the respondent to write their answer.

