**EDUCATION UNIT SUPPLEMENTAL INTAKE FORM**

(to be used in conjunction with general intake form)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Caller:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Intake By:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Part 1: BACKGROUND INFORMATION ABOUT THE STUDENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Student’s Legal Name:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1. **Preferred Name:** | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
| 1. **Age:** | | |  | | | | | | 1. **Date of Birth:** | | | | | |  | | | | | | | | | | | | | | | | | 1. **Sex:** | | | | | | | | | | |  | | | | 1. **Gender Identity:** | | | | | | | | | | | | |  |
| 1. **Race:** |  | | | | | | | | 1. **Tribal affiliation:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 1. **Does the student self-identify as lesbian, gay, bisexual, transgender, queer or intersexed (LGBTQI)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 1. **Are you the student’s parent or legal guardian?** | | | | | | | | | | | | | | | | | | | | parent: | | | | | | | | | | | | Legal guardian: | | | | | | | | | | | | | | Neither (please explain below): | | | | | | | | | | | | | | |
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| 1. **Is there anyone else who is the child’s parent or legal guardian or who has parental or visitation rights to the child (if yes, please provide their information below)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | | | | | No: | | | | | |
| 1. **Other parent/guardian/ custodian:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | |
| (name) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (age) | | | | | | (date of birth) | | | | | | | | |
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|  | | | | | | (address) | | | | | | | | | | | | | | | | | | | (city) | | | | | | | | | | (state) | | | | | | | | | | | | | | | | | (zip) | | | | | | | | |
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|  | | | | | | (email) | | | | | | | | | | | | | (work phone) | | | | | | | | | | | | | | | | | | | (cell phone) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | Employer: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Job title: | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | Relationship to student: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | ⮚**Can we contact this person regarding the student?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | | | | | No: | | | | | | | | | | | | | | |
| 1. **Where/with whom does the student live?** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Please list the names and ages of the student’s siblings and with whom the sibling lives:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | **DOB** | | | | | | | | | | | | **Age** | | | | | | **Sex** | | | | **Residence** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Is the student the subject of any power of attorney, guardianship, parenting plan, treatment plan or other legal instrument impacting custody or decision making regarding the student (if yes, please provide a copy of all relevant orders/documents)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | No: | | |
| 1. **Has the child ever been the subject of a child protective services (CPS) investigation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | No: | | |
| 1. **Besides you, who else provides daily care for the student at home?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **What type of medical insurance, if any, does the student have?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Does the student receive any vocational rehabilitation services?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **If so, who are the vocational rehabilitation service providers?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Please describe any vocational rehabilitation services the student receives:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part 2: THE STUDENT’S SCHOOLING AND DISABILITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Current School:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 1. **Grade:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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|  | | | | (address) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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|  | | | | (city) | | | | | | (state) | | | | | | | | (zip) | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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|  | | | | (phone) | | | | | | | | (fax) | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 1. **Has the school’s attorney contacted you?** | | | | | | | | | | | | | | Yes: | | | | | | | | | No: | | | | | | | **Name:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 1. **How long has the student attended this school?** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **How would you describe your relationship with this school?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **How would you describe the student’s relationship with this school?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Does the student receive any special education services?** | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | | No: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Please describe any special education services the student currently receives:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| 1. **Please list all school personnel or outside providers currently providing services to the student and their roles:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | **Role** (e.g. psychologist) | | | | | | | | | | | | | **Agency** (e.g. school) | | | | | | | | | | | | | | | | **Phone** | | | | | | | | | | | | **Email** | | | | | | | | | | | | | | |
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| 1. **Please list all of the student’s disabilities/diagnoses, who provided the diagnoses, and when the diagnoses was first made:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Diagnosis/Disability** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Provider** | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | | | | |
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| 1. **Please list all of the evaluations conducted on the student, who provided the evaluation, and the date:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Evaluation** | | | | | | | **Comments** | | | | | | | | | | | | | | | | | | | | **Provider** | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | | | | |
| Psychological/cognitive: | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Occupational therapy: | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Physical therapy: | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Speech-language therapy: | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Social/emotional evaluations: | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Other (please specify): | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 1. **Please list all medications the student takes, the purpose, and the prescribing provider:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medicine** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Purpose** | | | | | | | | | | | | | | | | | | | | | | **Provider** | | | | | | | | | | | |
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| 1. **Has the student been identified as eligible for a Section 504 Plan?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | | | | | No: | | | | | | | | | | | | | | | | | | |
| 1. **Describe any Sect 504 services or accommodations the student receives:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **If yes, what is the date of the student’s last 504 Plan?** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Has the student been identified as eligible for an IEP?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | | | | | No: | | | | | | | | | | | | | | | | | | |
| 1. **If yes, what is the date of the student’s last IEP?** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Did a parent or guardian sign the last IEP?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | | | | | No: | | | | | | | | | | | | | | | | | | |
| 1. **Does the student have any behavior problems?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | | | | | No: | | | | | | | | | | | | | | | | | | |
| 1. **If yes, please describe the behaviors and the school’s response:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Part 3: PREVIOUS LEGAL ACTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Have you ever been represented by or consulted with an attorney regarding a special education matter?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | No: | |
| 1. **Have you ever filed an IDEA “state complaint” or Section 504 complaint against a school?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | No: | |
| 1. **Have you ever been to a mediation or due process hearing in a special education/Section 504 matter?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | No: | |
| 1. **Have you ever filed a complaint with the U.S. Dept. of Education, Office of Civil Rights?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | No: | |
| 1. **If you answered yes to any of the questions in this section, please explain and provide contact information for any attorney that assisted you:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| 1. **Can we speak with your prior attorney about the prior matter?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | | | | | | | No: | | | | | | | | | | | | | | | | |
| **Part 4: CURRENT ISSUES AND CONCERNS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Please describe the current issues/concerns you have regarding the student:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| 1. **Is the child currently being kept out of school?** | | | | | | | | | | | | | | | | Yes: | | | | | | | | | | No: | | | | | | | ⮚**If so, why and for how long?** | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| 1. **Are there any immediate safety issues?** | | | | | | | | | | | | | | | | Yes: | | | | | | | | | | No: | | | | | | | ⮚**If so, please explain:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| 1. **Do you have any deadlines coming up (e.g. IEP meetings, court dates, responses, etc.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes: | | | | | | No: | | | | |
| 1. **What are your goals for the student?** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **What goals, if any, has the student expressed?** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Part 5: DOCUMENTS TO PROVIDE US** | | | |
| **Please provide us copies of the following (as requested):** | | | |
| **Document** | | **Requested** | **Received** |
| ⮚Student’s most current IEP/504 Plans (or proposed IEP/504 Plan) with any minutes and summaries | |  |  |
| ⮚Student’s last two years of annual and interim IEPs/504 Plans with any minutes and summaries | |  |  |
| ⮚Any relevant correspondence between you and the school | |  |  |
| ⮚All evaluations performed on the student (speech, OT, PT, psychological, etc.) | |  |  |
| ⮚All Functional Behavioral Assessments (FBA) performed on the student | |  |  |
| ⮚All Behavior Intervention Plans (BIP) prepared for the student | |  |  |
| ⮚Any other documents you think are relevant to the issue | |  |  |
| ⮚Any documents providing educational decision making authority (e.g. parenting plan) | |  |  |
| ⮚Other: |  |  |  |
| ⮚Signed releases of information | |  |  |
| ⮚Signed retainer agreement | |  |  |
| ***Note: until and unless you and DRM both sign a written retainer agreement DRM is not the attorney for you or the student and no attorney-client relationship exists. No oral communications or other written communications should be interpreted to create an attorney-client relationship, except a written retainer agreement signed by you (or the student as appropriate) and a DRM attorney.*** | | | |