**EDUCATION UNIT SUPPLEMENTAL INTAKE FORM**

(to be used in conjunction with general intake form)

|  |  |  |  |
| --- | --- | --- | --- |
| **Caller:** |  | **Date:** |  |
| **Intake By:** |  |  |  |
| **Part 1: BACKGROUND INFORMATION ABOUT THE STUDENT** |
| 1. **Student’sLegal 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):  |
|  |
| 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) |
|  |  |  |  |
|  | (address) | (city) | (state) | (zip) |
|  |  |  |  |
|  | (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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 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?**
 |  |
|  |  |
|  |  |
| 1. **Please describe any vocational rehabilitation services the student receives:**
 |  |
|  |
|  |  |
| **Part 2: THE STUDENT’S SCHOOLING AND DISABILITIES** |
| 1. **Current School:**
 |  | 1. **Grade:**
 |  |
|  |  | 1. **Principal:**
 |  |
|  | (address) |  |  |
|  |  |  |  |  | (phone) |
|  | (city) | (state) | (zip) |  |  |
|  |  |  |  | (email) |
|  | (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:**
 |  |
|  |
|  |
|  |
|  |
| 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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 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:**
 |  |
|  |
|  |
|  |
| 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:**
 |  |
|  |
|  |
|  |
| 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:**
 |  |
|  |  |
|  |  |
|  |  |
| 1. **Is the child currently being kept out of school?**
 | Yes: [ ]  | No: [ ]  | ⮚**If so, why and for how long?** |  |
|  |  |
|  |
| 1. **Are there any immediate safety issues?**
 | Yes: [ ]  | No: [ ]  | ⮚**If so, please explain:** |  |
|  |  |  |
| 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?**
 |  |
|  |
|  |
|  |
| 1. **What goals, if any, has the student expressed?**
 |  |
|  |
|  |
|  |

|  |
| --- |
| **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.*** |