



CLIENT INTAKE FORM

Date _____ Referred by _____

Parent(s)/Guardian(s) _____

Name of Student (First, MI, Last) _____

Student Date of Birth _____ Age _____ Grade _____

Address _____

Home Phone _____ Email (s) _____

Cell Phone _____ Cell Phone _____

Attending School/School District _____

Student has (check one): IEP ___ 504 ___ Neither ___

Student Disability: _____ Student Eligibility: _____

Medical Issues: _____

Concerns/Issues: Eligibility for Services ___ Goals ___ Discipline ___ Transition plan ___
Placement ___ Accommodations ___ Supplemental Services ___
Other (describe) _____

Summary of Concerns/Issues and why you are seeking advocacy services:
