



Client Intake Form

Note: This form is designed to help us get the information we need to help your child. If you have difficulty completing it, talk to a friend or the advocate. Feel free to add additional pages of explanation.

SECTION I. Basic Information

Your Name:

Spouse/significant Other Name:

Address:

City:

State:

Zip:

Contact Information:

Telephone:

Cell:

Email:

Fax:

Preferred method of communication (phone, email):

Child's Basic Information:

Name:

Birthdate:

Age:

Grade:

Child's Primary Disability:

Household Information:

Names of individuals in household:

1.

2.

3.

4.

5.

6.

School Information:

School District of attendance:

School District contact person:

School District contact/address information:

Principal's Name:

Special Education Director's Name:

Referral Information:

Person/source referring you:

Name and contact information for any prior attorneys or advocates:

SECTION II: Knowledge and Use of Parental Rights

As a parent you have the right to be informed and involved in your child's education. It is important to tell me what you know about your rights and what rights you have exercised before contacting me.

1. Have you ever attended an IEP meeting? Yes No
2. Have you ever attended a 504 meeting? Yes No
3. Have you ever refused to attend an IEP or 504 meeting? Yes No Please explain:

4. Has the school district ever refused to meet with you? Yes No Please explain:

5. Have you ever received a Notice of Procedural Safeguards? Yes No
6. Have you ever received written information about Section 504? Yes No
7. Does your child have an IEP? Yes No
8. Does your child have a 504 plan? Yes No
9. Have you ever received a Prior Written Notice? Yes No

10. Has the school district ever changed your child's program without giving you a Prior Written Notice?

Yes No Please explain:

11. Do you know what a due process hearing is? Yes No

12. Have you ever requested a due process hearing? Yes No If so, what was the result? Provide any decision:

13. Do you know what mediation is? Yes No

14. Have you participated in mediation? Yes No What was the result? Provide any mediation agreement:

15. Do you know what a state complaint is? Yes No

16. Have you ever filed a state complaint? Yes No If so, what was the result? Provide any decision:

17. Do you know how long you have to complain about something the school district did or did not do?

Yes No

18. Have you ever contacted any other group in MA for assistance such as Disability Law Center, Federation for Children with Special Needs, SPaN, ARC, Dept. of Public Health (DPH), Developmental Disability Center (DDC), Dept. of Mental Health (DMH), Mass Rehab, NAMI, AANE, or other similar groups, etc.? If not MA, have you contacted any similar group in your state? Yes No If yes, above, list here who you have contacted:

SECTION III: Your Family, Your Child's Difficulties and Needs

To help you, I need to know a lot about your child. Below is a series of questions that are very important. There are questions about you and your family and your child. Some may seem intrusive or irrelevant but there are reasons they are asked and all information is confidential. Please answer all of the questions as honestly as you can. If you do not know, say so. You have the right to choose and not to answer any of the questions related to disabilities within your family. Please know that I have represented children whose families are victims of domestic violence, have histories of child abuse, and whose parents are themselves disabled. The reason for asking these questions is that sometimes school districts will claim that there is a different reason for the child's lack of success in school and they will look first to "blame the family." I believe strongly that school districts are responsible to education children, not parents.

PART A: Children's Initial Diagnosis Information

1. Who first diagnosed your child with any type of disability and what was the disability? Please provide assessment (even if you disagree with it).

2. If the school district conducted the first assessment, do you believe it was done in a timely fashion? Yes No

3. If the school district did not conduct the first assessment, who paid for it?

4. Has your child's hearing been tested and when? What were the results?

5. Has your child's vision been tested and when? What were the results?

6. Was your child's initial hearing and vision tested before the first diagnosis of any disability? Yes No

7. Has your child ever repeated a grade? Yes No If repeated, was this before or after initial assessment?

8. Has your child ever experienced unconsciousness of any type of brain trauma?

9. Was your child exposed to alcohol or drugs prior to birth?

10. Does your child have any medical history? Yes No Please explain:

11. Name(s), address(es), phone number(s) of the treating physician/psychiatrist/psychologist:

12. Were there any pregnancy, labor, birth or other difficulties regarding your child? For example, when your child was born, was the umbilical cord wrapped around his/her neck? Please list, regardless of how insignificant these may seem:

13. Is your child on medication? Yes No If yes, please list ALL medications (including OTC) strengths and dosages.

14. Approximately how many days is your child absent in a school year?

15. Was your child delayed in crawling, walking, talking, potty training, etc? Yes No Please explain:

PART B: Family History Information

1. Does your family have any history of learning disabilities, reading problems or dyslexia? Yes No

If so, please explain:

2. Does your family have any history of mental health difficulties? Yes No If so, please explain:

3. Does your family have any history of epilepsy? Yes No If so, please explain:

4. Do you have a family history of any genetic illnesses, chronic health issues, or other relevant diseases?
Yes No Please explain:
5. Does your family have any history of mental retardation or developmental disability? Yes No If so, please explain:
6. Is there a history of domestic violence in your immediate family? Yes No If so, please explain:
7. Is there any history of drug abuse in your immediate family? Yes No If so, please explain:
8. Is there any history of sexual abuse in your immediate family? Yes No If so, please explain:
9. Has any individual evaluating your child, including school personnel, ever asked you these previous 8 questions?
Yes No

PART C: Child's Learning Style Information

1. What is your child's approximate grade level in: reading_____, writing_____, math_____?
2. When did your school district develop your child's first IEP or 504 plan?
3. What are your child's disabilities according to the school district?
4. What are your child's disabilities according to you?
5. Does your child have any behavioral difficulties?

6. Does your child have any physical limitations?
7. When was the most recent vision testing of your child?
8. When was the most recent hearing testing of your child?
9. When were any school district evaluations completed? Please list dates and summarize results:

10. Did the school district provide each evaluation to you in a timely fashion? Yes No

11. Did you have each evaluation before any meeting about your child? Yes No

12. Did you ever ask for an independent educational evaluation about your child? Yes No

13. Did you know you could ask for an independent educational evaluation? Yes No

14. Have you visited your child's classroom? Yes No When? _____ Has anyone else on your behalf? Yes
No If so, please explain:

15. If I could wave a magic wand and make everything right for your child in his/her school, what would you want for your child?

PART D: Behavioral Problems/Discipline

1. Is your child presently in school? Yes No If not, is he/she receiving any educational services at this time? Yes No If so, please explain:

2. Has your child been disciplined for behaviors that are tied to his/her disabilities? Yes No If so, tell me the discipline administered, the alleged reason for it, and any information you were given about your rights in the situation.

3. If your child has behavioral problems, did the school conduct a Functional Behavioral Assessment (FBA)? Yes No If so, did the school prepare a Behavior Intervention Plan (BIP)? Yes No Please provide any FBAs or BIPs created for your child.

PART E: YOUR CHILD'S SERVICES:

1. Does your child currently receive special education and related services? Yes No If yes, please list below what your child receives (minutes, days). If you do not know what the service is that is listed below mark it with a big "X".

Service:	Yes	Amount received: (minutes, days)	No	I don't know what this is
Special Education				
Speech therapy				
Occupational therapy				
Physical therapy				
Reading help				
Writing help				
Math help				
Behavioral help				
Aide/Para				
Counseling				
Assistive Technology				
Parent training				
Supplemental aids/services in regular classroom				

Assistance/accommodations on high school graduation testing				
Extended school year (ESY)				
Transition services (if age 16 or older)				
Homebound instruction				

2. Are there any services you have asked for that the school refuses? Yes No If so, please explain:
3. Describe any services NOT provided by the school, which you have obtained and paid for on your own because they are not available from the school. For example, occupational therapy, physical therapy, speech and language therapy, transportation, assistive technology, tutors, etc. Please be as detailed and specific as possible, and provide me with an estimate of their total cost.
4. Has school personnel requested (either verbally or in written form) to use your private insurance or Medicaid to pay for any related services? Yes No If so, please explain:
5. Please list below what you want your child to receive as far as services:
6. Has the school district ever failed to fully implement your child's IEP or 504? Yes No If so, please explain:

7. Is your child's school day different than that of non-disabled children in any of the following ways:

Length of day:

Length of school year:

Extracurricular activities:

Transportation:

8. Has the school district ever threatened to:

- a. Report you to the Division of Youth & Families (DYF)
- b. File for a CHINS
- c. File criminal charges against you
- d. File criminal charges against your child

9. Does your child receive Medicaid? Yes No

10. Has your child ever been in juvenile court? Yes No If so, please explain: