

**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's Legal Name: \_\_\_\_\_ 2. Preferred Name: \_\_\_\_\_  
 3. Age: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_ 5. Sex: \_\_\_\_\_ 6. Gender Identity: \_\_\_\_\_  
 7. Race: \_\_\_\_\_ 8. Tribal Affiliation: \_\_\_\_\_  
 9. Does the student self-identify as lesbian, gay, bisexual, transgender, queer or intersexed (LGBTQI)? \_\_\_\_\_  
 10. Are you the student's parent or legal guardian? parent:  Legal guardian:   Neither (please explain below): \_\_\_\_\_

11. 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:

12. 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:

13. Where/with whom does the student live? \_\_\_\_\_

14. Please list the names and ages of the student's siblings and with whom the sibling lives:

Name	DOB	Age	Sex	Residence

15. 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:

16. Has the child ever been the subject of a child protective services (CPS) investigation? Yes:  No:

17. Besides you, who else provides daily care for the student at home? \_\_\_\_\_

18. What type of medical insurance, if any, does the student have? \_\_\_\_\_

19. Does the student receive any vocational rehabilitation services? \_\_\_\_\_

20. If so, who are the vocational rehabilitation service providers? \_\_\_\_\_

21. Please describe any vocational rehabilitation services the student receives: \_\_\_\_\_

**Part 2: THE STUDENT'S SCHOOLING AND DISABILITIES**

22. Current School: \_\_\_\_\_

(address)

(city) (state) (zip)

(phone) (fax)

23. Grade: \_\_\_\_\_

24. Principal: \_\_\_\_\_

(phone)

(email)

25. Has the school's attorney contacted you? Yes:  No:  Name: \_\_\_\_\_

26. How long has the student attended this school? \_\_\_\_\_

27. How would you describe your relationship with this school? \_\_\_\_\_

28. How would you describe the student's relationship with this school? \_\_\_\_\_

29. Does the student receive any special education services? Yes:  No:

30. Please describe any special education services the student currently receives: \_\_\_\_\_

31. 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

**32. Please list all of the student's disabilities/diagnoses, who provided the diagnoses, and when the diagnoses was first made:**

Diagnosis/Disability	Provider	Date

**33. 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):			

**34. Please list all medications the student takes, the purpose, and the prescribing provider:**

Medicine	Purpose	Provider

35. Has the student been identified as eligible for a Section 504 Plan? Yes:  No:

36. Describe any Sect 504 services or accommodations the student receives: \_\_\_\_\_

37. If yes, what is the date of the student's last 504 Plan? \_\_\_\_\_

38. Has the student been identified as eligible for an IEP? Yes:  No:

39. If yes, what is the date of the student's last IEP? \_\_\_\_\_

40. Did a parent or guardian sign the last IEP? Yes:  No:

41. Does the student have any behavior problems? Yes:  No:

42. If yes, please describe the behaviors and the school's response: \_\_\_\_\_

**Part 3: PREVIOUS LEGAL ACTION**

43. Have you ever been represented by or consulted with an attorney regarding a special education matter? Yes:  No:
44. Have you ever filed an IDEA "state complaint" or Section 504 complaint against a school? Yes:  No:
45. Have you ever been to a mediation or due process hearing in a special education/Section 504 matter? Yes:  No:
46. Have you ever filed a complaint with the U.S. Dept. of Education, Office of Civil Rights? Yes:  No:
47. If you answered yes to any of the questions in this section, please explain and provide contact information for any attorney that assisted you: \_\_\_\_\_

48. Can we speak with your prior attorney about the prior matter? Yes:  No:

**Part 4: CURRENT ISSUES AND CONCERNS**

49. Please describe the current issues/concerns you have regarding the student: \_\_\_\_\_

50. Is the child currently being kept out of school? Yes:  No:  ➤ If so, why and for how long? \_\_\_\_\_

51. Are there any immediate safety issues? Yes:  No:  ➤ If so, please explain: \_\_\_\_\_

52. Do you have any deadlines coming up (e.g. IEP meetings, court dates, responses, etc.) Yes:  No:

53. What are your goals for the student? \_\_\_\_\_

54. What goals, if any, has the student expressed? \_\_\_\_\_

**Part 5: DOCUMENTS TO PROVIDE US**

**Please provide us copies of the following (as requested):**

<b>Document</b>	<b>Requested</b>	<b>Received</b>
➤ Student's most current IEP/504 Plans (or proposed IEP/504 Plan) with any minutes and summaries	<input type="checkbox"/>	<input type="checkbox"/>
➤ Student's last two years of annual and interim IEPs/504 Plans with any minutes and summaries	<input type="checkbox"/>	<input type="checkbox"/>
➤ Any relevant correspondence between you and the school	<input type="checkbox"/>	<input type="checkbox"/>
➤ All evaluations performed on the student (speech, OT, PT, psychological, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
➤ All Functional Behavioral Assessments (FBA) performed on the student	<input type="checkbox"/>	<input type="checkbox"/>
➤ All Behavior Intervention Plans (BIP) prepared for the student	<input type="checkbox"/>	<input type="checkbox"/>
➤ Any other documents you think are relevant to the issue	<input type="checkbox"/>	<input type="checkbox"/>
➤ Any documents providing educational decision making authority (e.g. parenting plan)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Other:	<input type="checkbox"/>	<input type="checkbox"/>
➤ Signed releases of information	<input type="checkbox"/>	<input type="checkbox"/>
➤ Signed retainer agreement	<input type="checkbox"/>	<input type="checkbox"/>

***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.***