

Client Intake Form

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Please fill out the questionnaire as completely as you can. Write clearly or use a computer to complete this form. Thank you!

Date:

Referral:

Your name (Husband and wife, if applicable):

Child's name:

Name(s) of other siblings:

Work phone number:

Cell phone number:

Email address:

Best day(s)/time(s)/method (phone, email, or text message) to reach you:

Is your child on medication? If so, please list all medications, strengths, dosages:

What is the biggest challenge facing your child today?

How many schools has your child attended throughout his/her education?

How familiar are you with special education law? What kind of training have you received? What conferences have you attended?

Has your child received services from any of the following?: Indicate using a Y for "Yes" or N for "No." Example:

Psychologist – Y

Psychologist

Therapists

Education Consultants/ Diagnosticians

Counseling Agencies, etc.

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Other:

Do you have a complete copy of your child's entire confidential and cumulative file from: (Please check records that you have.)

Public School

Do you have all the cumulative file including:

Special education file

General education file

Teacher's file on your child, including informal notes

Special education resource teacher's file, including personal notes

Principal's file, including personal notes

Disciplinary records, all administrative records

Administrative records, state complaints, orders, decisions, etc....

Letters written by any school personnel to another school personnel about your child

Other Provider: _____

Cumulative file from the provider

Personal notes about your child from the provider

When was the last time your child was evaluated? (Date) Who evaluated your child?

Please provide the following information:

Name of school:

School's address:

Name of Director of Special Education:

Names and roles of all your child's teachers, including social workers, speech and language therapists, occupational therapists, etc.: