**INITIAL CLIENT INTAKE FORM**

Today’s Date (m/d/yyyy):

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name** |       | **DOB (m/d/yyyy)** |       |
| **Grade** |       | **Student ID#** |       |
| **Current School** |       | **Current District** |       |
| **Home School** *(if different from current)* |       | **Home District** *(if different from current)* |       |
| **Current Placement***(gen ed, SDC, other)* |       | **Category of IEP Eligibility** |       |
| **Last School Evaluation**(m/d/yyyy) |       | **Last Annual IEP** (m/d/yyyy) |       |
| **Last IEP Meeting**(m/d/yyyy) |       | **Last Triennial** (m/d/yyyy) |       |
| **Parent/Guardian Name** |       | **Email** |       |
| **Phone Number** |       | **Text Ok? Yes/No** |       |

1. **Briefly describe the current situation and why you are seeking advocate support:**

1. **What are your concerns at this time?**

1. **What are your desired outcomes/what are the short-term actions you are seeking at this time?**

**4. Please provide any additional information about private assessments that have been conducted and when, any diagnosis or suspected disabilities that are not included in the IEP eligibility and any private services your child is receiving outside of school.**

*This form is strictly for the purpose of gathering information prior to a consultation meeting. It is not an agreement and in no way obligates Sierra Special Education Advocacy to provide any services, does not entitle the client to receive any services, and does not obligate the client in any way. Sierra Special Education Advocacy does not provide legal advice or services and does not guarantee any outcomes. All information in this form will be held confidential.*