



Parents Names \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Educational History:**

Name of child: \_\_\_\_\_

Current school: \_\_\_\_\_

School District: \_\_\_\_\_

Grade: \_\_\_\_\_

**Current present class placement:**

- General Education Class
- Special Education Class (Specify: )
- Bilingual
- English as a second Language (ESL)

Has special education/504 testing been completed by school? Yes / No If yes, When? \_\_\_\_\_

**Is your child currently on a IEP/504 plan at school? YES / No**

Eligibilities currently served under: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Concerns and how long have them been occurring:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Behavioral Needs: \_\_\_\_\_

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Does your child use any support or mobility devices? YES or NO

If yes: \_\_\_\_\_

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**What services are you looking for?**

- Medical Diagnosis
- Early Childhood ECSE/PPCD (Pre-K)
- Parenting Classes
- Psychiatric Exam
- PPCD/PALS/Special Education
- Community Resource Information
- Occupational or Physical Therapy
- Counseling Therapy
- Speech / Feeding

**Has your child ever participated in any of the following educational programs?**

- Gifted & Talented
- Advanced Academic Curriculum
- Special Education / IEP
- Section 504 Services
- Resource Room Services
- Vocational Training
- Life Skills Class
- Behavioral/ Emotional Disorders Class
- Extended School Year(ESY)
- RTI
- Adaptive Behavior
- Autism Unit  PPCD
- PALS  Social Skills