

## Your Child's Voice, LLC - Family Intake Questionnaire

Child's Full Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Number of school-age children in the household: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### SCHOOL INFORMATION:

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Pending meetings with school or hearings? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has your child faced any disciplinary action? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have an existing IEP or 504 Plan? (Yes/No): \_\_\_\_\_

Has your child ever been held back a grade? (Yes/No): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL INFORMATION:

Diagnosis (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

