1060 Kings Hwy N, Suite 308
Cherry Hill, NJ 08034 www.MageeAdvocacy.com Telephone: 609-314-1900

INTAKE FORM

Parent/Guardian Name(s): _____

Mailing Address: _____

City:_____ State: _____ Zip:_____

[ ] Please check if Physical Address is the same as Mailing Address

If not, please provide physical address: _____

City:_____ State: _____ Zip:_____

Telephone #: _____ Check for best method of contact: [ ]

Cell #: _____ [ ]

Email: _____ [ ]

Student's Name: _____

Student's Date of Birth: _____ Current Age: _____ Grade Level:_____

Diagnosis: _____

Does the Student have an IEP? [ ] Yes [ ] No

Does the Student have a 504 Plan? [ ] Yes [ ] No

Did someone refer you to our office? _____

School District: _____

Date of Initial Eligibility: _____

Date of Last Triennial Review: _____

Date of Last IEP Meeting: _____

Case Manager's Name: _____

Telephone #: _____

Email: _____

School student is currently attending: _____

Address: _____

City: _____ State: _____ Zip: _____

Placement? [ ] In-District [ ] Out-of-District [ ] Homebound

Type of Program: [ ] Mainstream [ ] Co-Teaching [ ] Self-contained

Other: _____

If the student has an IEP, what school classification was utilized for eligibility?

[ ] Autism
[ ] Blindness
[ ] Deafness
[ ] Dyslexia
[ ] Emotional Disturbance
[ ] Hearing Impaired
[ ] Intellectual Disability
[ ] Multiple Disabilities
[ ] Orthopedic Impairment
[ ] Other Health Impaired
[ ] Specific Learning Disability
[ ] Speech or Language Impairment
[ ] Traumatic Brain Injury
[ ] Visual Impairment

Does the student currently receive Related Services? [ ] Yes [ ] No

Does the student require specialized transportation to/from school? [ ] Yes [ ] No
Please check any of the following Related Services that the student receives in school:

Related Service	**Frequency**
[ ] Physical Therapy	
[ ] Occupational Therapy	
[ ] Speech Language Therapy	
[ ] Counseling	
[ ] Audiology	
[ ] Hearing	
[ ] Vision	
[ ] Other	

Does the Student receive any therapies privately? (if so, please describe)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

If the student has a 504 Plan, please describe the nature of accommodations:

Please describe any challenges you are facing in meeting the student's educational requirements:

Do you feel that the Child Study Team is being cooperative in addressing your concerns?

When was the student's last IEP meeting? _____

Did you sign the IEP? [ ] Yes [ ] No

Did you note any Parental Concerns on the IEP: [ ] Yes [ ] No

Please indicate which team members participated in this meeting?

_____

_____

_____

_____

_____

_____

_____

_____

Please indicate any team members that were absent from the meeting?

_____

_____

_____

_____

_____

_____

_____

Were you provided with a copy of P.R.I.S.E.? [ ] Yes [ ] No