



Student Support Services

Client Application

Applicant Information

Student Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

School/Grade Level: _____ Phone: _____

Start Date: _____ Subject Area (s): _____ Fee: \$ _____

Parent Name (s): _____

Phone: _____ Email: _____

Emergency Contact: _____

Education

Does the student receive special services in school? _____ Explain _____

IEP? _____ If yes, what are the accommodations? _____

May I contact the teacher about student level and/or progress? _____ Contact # _____

Teacher Name: _____ RTI Coordinator _____

Are you able to provide student work samples, report card, or IEP accommodations report? _____

Are you in need of Special Education Advocacy? _____ Explain Circumstance? _____

Does U Source Me, LLC & Staff have permission to speak on your behalf? _____
If yes, please submit authorization to your school/administration/teacher. Thank you.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to approved service, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Thank you for joining the USOURCEME family. Rest assured that your child's education is #1 priority and we pride ourselves on setting a learning program that works for your individual student's needs!