

# The Children's Advocate<sup>TM</sup>

## 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!