

BY YOUR SIDE ADVOCACY, LLC - INTAKE FORM FOR INITIAL CONSULTATION

Name of child:

Name of Parent(s):

Questions	Response
What is the District/school?	
Grade?	
Age?	
Has the student ever been retained?	
Diagnosis?	
Has the student ever had an IEP or 504 plan? If yes, approximately when did this start? Are these in place currently?	
Initial concerns?	
Concerns about reading?	
Math?	
Writing?	
Difficulty with homework?	
Speech/language concerns?	
Concerns about attention/executive function? (Organization, time sense, connecting cause and effect, etc.)	
Social/pragmatic needs?	
Emotional concerns?	
Behavior?	
Discipline issues?	
Juvenile justice involvement?	
Medical concerns?	
Concerns about school attendance/tardiness?	

Questions	Response
Adaptive skills? (skills needed for daily living—hygiene, problem-solving, feeding, housekeeping, community living, etc.)	
Sensory needs?	
Gross motor?	
Fine motor?	
Are there any evaluations that have been completed?	
Performance on statewide testing?	
Does the student have a transition plan?	
Does the student participate in extracurricular activities?	
What are the student's current services/ key accommodations?	
Are there other professionals who have worked/are working with child?	
What are the student's strengths/ interests?	
Other concerns?	
Parent goals for student?	
Has parent received full set of records from school?	
Upcoming IEP meeting date?	
Next steps	