

**Advocacy 4 Education, LLC.**

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**CLIENT INTAKE FORM**

**Contact Information:**

Mother/Guardian \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father/Guardian \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

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

Current Grade: \_\_\_\_\_

School District: \_\_\_\_\_

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

School Address: \_\_\_\_\_

Case Manager \_\_\_\_\_

Why have you sought the services of an educational advocate?

**Developmental History:**

Weeks of Gestation: \_\_\_\_\_

Pregnancy/Birth Complications:

Birth Weight \_\_\_\_\_ lbs \_\_\_\_\_ oz

NICU Time: If yes please explain

Major Injuries, hospitalizations, surgeries:

Is your child on any medications? YES NO

Please List

Age when sat up: \_\_\_\_\_

Age when crawled: \_\_\_\_\_

Age when walked: \_\_\_\_\_

Age of first words: \_\_\_\_\_

### **Educational History**

Does your child have a 504 Plan? YES NO

If yes please list documented disability and life activity substantially limited.

\_\_\_\_\_

Date of 504 eligibility: \_\_\_\_\_

Does your child have an IEP? YES NO

Initial classification date: \_\_\_\_\_

If so, under what eligibility category is the child classified? CIRCLE ONE

Autism Spectrum Disorder (ASD)

Deaf-Blindness

Emotional Disturbance

Hearing Impairment

Intellectual Disability

Multiple Disabilities

Speech or Language Impaired

Orthopedic Impairment

Traumatic Brain Injury

Specific Learning Disability \_\_\_\_\_

Visual Impairment-including blindness

Other Health Impaired(OHI) \_\_\_\_\_

Does your child have multiple disabilities? YES NO

Explain

**Please list strengths and weaknesses in the following areas:**

Reading

Spelling

Writing

Handwriting

Math

Behavior

Social/Emotional

Speech and Language

Pre-Vocational/Vocational

Vision/Hearing

Fine Motor/Gross Motor

Activities of Daily Living

Extracurricular Activities/Leisure Skills

Other Concerns/Challenges

Is the school aware of your concerns?

Has the school completed a Comprehensive Psycho/Educational Evaluation of your child? YES NO

List all evaluations completed and the dates.

Does your child have behavior issues at school? Please explain.

Was your child ever sent home for behavior issues? If so, please explain the circumstances.

Does your child have a current Positive Behavior Intervention Plan in place? Has a Functional Behavior Assessment been conducted?

Describe your child's current educational placement.

(Note the number of children in the class, the type of classroom, the number of teachers/aides)

Describe the supplementary aides and services your child receives.

Describe the accommodations/modifications your child receives.

Describe the related services your child receives. (Speech, OT, PT, transportation etc.)

Is your child eligible for Extended School Year (ESY)?

Please list any educational services, placements, supplementary aides and services, accommodations or modifications, evaluations that you have requested and been denied.

## Educational Wish List

**What do you think your child needs in order to be successful at school? List anything and everything even if it seems unattainable, i.e. 1:1 aide, teacher training, tutoring, direct instruction, ESY, school counseling, assistive technology, OT, PT, Speech/Language Therapy, Social Skills, progress reports, modifications to school work, Applied Behavior Analysis, Positive Behavior Intervention Supports, etc)**

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Print Name of individual completing this form

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Signature

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Relationship to Child

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Date of completion



