

The Advocacy Office of Gerri Fleming, LLC  
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Norwalk, CT 06851  
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## CLIENT INTAKE FORM

Parent(s) Name(s)’: \_\_\_\_\_

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

Phone Numbers	Mother	Father
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Home: \_\_\_\_\_

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

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

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

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

How did you hear of this Office? \_\_\_\_\_

Did anyone refer you? If so, may I have his/her name so that I may send a thank you?  
\_\_\_\_\_

Child’s Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

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

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

Special Education Director at District Level: \_\_\_\_\_

SpEd Administrator at School: \_\_\_\_\_

**Does your child have a 504 Plan?   YES   NO**

**Does your child have an IEP?   YES   NO**

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

Autism	Emotional Disturbance	Multiple Disabilities	Speech or Language Impaired	Other Health Impaired
Deaf-Blindness	Hearing Impairment	Orthopedic Impairment	Traumatic Brain Injury	OHI-ADD/ADHD
Developmental Delay (ages 3-5)	Intellectual Disability	Specific Learning Disability	Visual Impairment	To Be Determined

**Do you believe this captures your child's disability?   YES   NO**

**If no, please discuss what you believe his/her issues are.**

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**Does your child have multiple diagnoses?   YES   NO**

**If yes, please elaborate here** \_\_\_\_\_

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**Is your child on any medications?   YES   NO**

**Please elaborate here** \_\_\_\_\_

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What do you think your child's level is in (below grade level, on grade level, above grade level)

- **Reading:** \_\_\_\_\_
- **Writing:** \_\_\_\_\_
- **Math:** \_\_\_\_\_
- **Science/Reasoning:** \_\_\_\_\_

How does your child perform on standardized testing? (CMT's CAPT's, etc) (scores, test-taking, etc)

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Please list Parental Concerns in the following areas:

**Reading**

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**Spelling**

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**Writing**

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**Handwriting**

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**Math**

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**Behavior**

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**Social Skills**

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**Friendships**

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**Emotions**

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**Speech**

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**Language**

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**Transition**

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**Vocational**

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**Vision/Hearing**

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**Fine Motor**

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**Gross Motor**

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**Activities of Daily Living**

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**Extracurricular Activities/Leisure Skills**

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**Community Living**

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**Other Concerns/Challenges**

**Please list child's Strengths in the above areas:**

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**appropriate to his/her needs? Do you see regression in your child during the summer whether ESY is offered or not?**

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**Does your child receive an appropriate amount of Special Education teaching, Occupational, Speech and Language and or Physical Therapies to meet his/her needs? Why or why not?**

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**Does your child have behavior issues at school? Please explain. Do you believe these behaviors are tied to his/her disability? Was a Functional Behavior Assessment ever done?**

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**Has your child ever been restrained at school? Please describe the circumstances.**

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

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**Was your child ever suspended or expelled from school? When and why?**

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**Was a Manifestation Determination Hearing held? What was the outcome?**

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**Is your child ever teased or bullied at school? If so, please describe.**

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**Describe your child's current classroom/school. Note the number of children in the class, the type of classroom, the number of other children with disabilities, the number of teachers/aides. Does your child have a 1:1 aide? Is there an FM System, a sensory area, a break area, computers, etc...?**

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**In a perfect world, what would you want for your child in terms of school supports? What do you think your child needs in order to be successful at school? (Think in terms of teacher training, tutoring, direct instruction, ESY, private counseling, school counseling, assistive technology, OT, PT, Speech and Language Therapy, Typing classes, Social Skills, better communication, progress reports, aide support, modifications to school work, Applied Behavior Analysis, Positive Behavior Intervention Supports, etc)**



