

LAW OFFICES OF
KEITH E. DAVIS
Intake Questionnaire

Date: _____

Parent/Guardian Name: _____

Home Address: _____

Email: _____ Home Phone : _____

Work: _____ Cell Phone: _____

Child Name: _____ Language: _____

DOB: _____ Grade: _____ Home School: _____

School Attending: _____ District: _____

Years in Special Education: _____ Eligibility Criteria: _____

How did you hear about The Law Offices of Keith E. Davis?

News Paper: _____ Referral: _____

Radio: _____ Other: _____

Please answer the following questions by checking Yes, No or Don't Know:

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Does your child have an IEP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an IEP meeting every year since your child has been eligible for services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the IEP current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your child met all of his/her goals consistently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the classroom teacher make the designated accommodations for your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child receive all designated services regularly? (speech, counseling, OT, PT, APE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
Do you think your child should receive more services than what are designated on the IEP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think your child should receive different services than what are designated on the IEP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child reading proficiently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you spent any money for educational services outside of school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you requested help from the school in writing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have a transition plan? (If age 14 or Above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you satisfied with the goals for the transition plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Comments:

Initials: _____ Case Attorney: _____ KED: _____ Date: _____