



Real Benefits To Real People About What Really Matters

SPECIAL EDUCATION/SPECIAL NEEDS INTAKE FORM

We realize this form is lengthy but years of experience has shown that it is essential for us to have this information to provide you with effective and cost-effective counseling and representation. Those questions that do not apply to you or your family situation may simply be ignored. Please feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant. **If you need help in filling out this questionnaire, please tell us in advance of your appointment. We would be happy to have you meet or talk to one of Jan's assistants prior to your meeting with her to make sure you have the information necessary to make the consultation and planning meeting beneficial.**

REASON FOR CALLING/ NATURE OF PROBLEM OR ISSUES

PARENT 1 (OR RESPONSIBLE PARTY 1):
Full Name (First, Middle Initial and Last Name):

Full Address:

Telephone, Cell Phone or Pager Contacts Numbers:

Best time to reach you:

PARENT 2 (OR RESPONSIBLE PARTY 2):
Full Name (First, Middle Initial and Last Name):

Full Address:

Telephone, Cell Phone or Pager Contacts Numbers:

Best time to reach you:

Other significant adults involved with the child (step-parents, partners, etc.)

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CHILD:

Full Name (First, Middle Initial and Last Name)

Date of birth:

Siblings:

SCHOOL INFORMATION:

Does your child attend a public or private school? Public School Private School

Grade:

Name of School District within which you reside:

Name of School, Address and Phone Number:

Name of Principal:

Name of Teacher:

Name of Aide (if applicable):

Any Specialists (for example, therapists, add additional sheet if necessary)

Names of any Prior School Districts (please include approximate dates of attendance):

Has your child ever been retained? Yes No

For what grade?

Is your child eligible for special education? What is the basis for eligibility (for example, Autism)

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PLACEMENT

Please describe your child's current educational placement:

RELATED SERVICES

What services, if any, does your child currently receive (for example, speech therapy, occupational therapy, adaptive physical education, etc.)?

REQUESTS FOR SERVICES AND/OR PLACEMENT

During the past 2-years, has the District declined to provide educational instruction, services or placement that you have specifically requested for your child?

HEALTH, MEDICAL AND PSYCHOLOGICAL CONDITIONS

Does your child have any chronic or other health concerns?

If YES, please describe:

If YES, please describe and provide the names and locations of any specialists:

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Does your child have any psychological or psychiatric conditions:

If Yes, please describe and provide the names and locations of any specialists:

Has your child ever been hospitalized?

If YES, please provide dates, location and duration of hospitalization:

What is your child's most recent diagnoses:

Name of evaluator and date of evaluation:

BEHAVIORAL/DISCIPLINARY/SCHOOL SAFETY ISSUES

Has your child been the subject (accused subject) in any disciplinary proceedings at the school?

If so, please describe, with dates and findings.

Has your child been the victim in any incident?

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Please describe the incident and any action taken by the classroom teacher, building principal and/or school district:

(Use additional sheets if necessary)

If there are numerous incidents, please provide information regarding:

the most recent:

the earliest:

the most serious:

DOCUMENTATION

PLEASE LIST AND BRING COPIES WITH YOU TO THE CONSULTATION

Current IEP and/or Section 504 plan (date developed)

Other IEPs and/or Section 504 plans (dates developed)

School and/or private assessments?

Transcript, progress reports or report cards

Discipline records

ADDENDUM: JUDICIAL OR OTHER ADMINISTRATIVE PROCEEDINGS

Have you or another party ever requested a due process hearing on behalf of your child?

NO _____ YES _____

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If Yes, please provide the following information:

Date of Request:
Case Number:
Petitioner:
Respondent:
Other Parties in Action:
Were you represented by an Advocate or Attorney?

If yes, please provide name and contact information:
Reason for Due Process Hearing:

Disposition or Outcome of Due Process Hearing:

Was an appeal filed by either Party:

Do you have a copy of any type of settlement agreement?

Has it been implemented by the Parties?

Scheduled Mediation date:

Scheduled Hearing date/s:

Have you or anyone acting on behalf of the student ever filed a Complaint against your school district with the United States Department of Education, Office for Civil Rights (OCR)?

Date of Complaint:
Allegations in Complaint:

Was an investigation initiated?

Case Number:

Name of Investigator:

Was a voluntary resolution or settlement agreement reached between the parties?

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DEPENDENCY OR JUVENILE PROCEEDINGS

Has your child ever been involved in a dependency proceeding?

Has your child ever been cited or arrested or declared a truant minor?

If YES to any of the above, please complete the following:

Name of Attorney representing Child:

Contact Information for Attorney:

Location of Court and Case Number:

Allegations or reason for proceedings:

Disposition or outcome:

Last court date:

Next court date:

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