

Initial Consultation Form

Please download and fill out the following questionnaire, and email your completed form to our office at least two days prior to your initial consultation appointment. Please be thorough in your responses. This allows us to briefly understand the nature of the special education concerns you have for your child and helps us to best utilize our scheduled appointment time.

The information you provide will be held in confidence and will not be shared or discussed with anyone without your express permission. Submitting this information does not commit you to a contract with us for advocacy services, nor does it constitute our agreement to represent you. After the consultation, we may mutually agree that we will provide you with advocacy services, at which point you will be asked to sign a letter of agreement in order to retain our services. You would also then need to provide us with a copy of your child’s cumulative educational records and other pertinent information, along with a retainer fee for services.

1. Child’s Name:   
    Click here to enter text.
2. Parent Name(s):    
    Click here to enter text.
3. Address:   
    Click here to enter text.
4. Parent Phone Number(s):

Click here to enter text.

1. Parent email address(es):   
   Click here to enter text.
2. Child’s age and grade in school:   
   Click here to enter text.
3. Current school district and building child attends:   
    Click here to enter text.
4. Former schools/school districts your child has attended:   
    Click here to enter text.
5. What are your child’s disabilities?   
    Click here to enter text.
6. Has your child undergone a comprehensive evaluation through school to determine eligibility for special education? If so, did the evaluation team determine that your child was eligible for special education? Under what eligibility category? Did you agree with the determination?  When was the evaluation completed?   
    Click here to enter text.
7. What is the date your district developed your child’s first IEP or 504 plan?   
    Click here to enter text.
8. What is the date of your current (or most recently proposed) IEP?   
    Click here to enter text.
9. What are your child’s strongest academic areas?  Weakest?   
    Click here to enter text.
10. What do you think your child’s level is in reading?  Writing?  Math?   
     Click here to enter text.
11. Does the IEP or 504 Plan address ALL of your child’s needs, such as academics, language concerns, social skills, attention deficits, organizational problems, sensory issues, etc?   
     Click here to enter text.
12. What is your child’s current classroom placement?  What portion of his day is spent in general education settings? In special education settings? Do you believe your child is in the placement that best meets his needs?   
     Click here to enter text.
13. Does your child receive support from an individual, shared, or classroom aide?   
     Click here to enter text.
14. Does your child exhibit behaviors that interfere with his/her academic or social success at school? If yes, what behaviors? Has your child undergone a FBA (functional behavior assessment)? Has a BIP (behavior intervention plan) been developed?   
     Click here to enter text.
15. Was your child ever disciplined for behaviors that are tied to his disability?  Was your child ever suspended or expelled for these behaviors?  If yes, did the school conduct a manifestation determination hearing?   
     Click here to enter text.
16. Has your child been evaluated by any private specialists (psychologist, SLP, OT, etc.)? Please list the names of the evaluators and the dates the evaluations were conducted:   
     Click here to enter text.
17. Did the school’s evaluation or your private evaluation make recommendations for services that the school would not agree to provide to your child?  If so, what are they?   
     Click here to enter text.
18. Does your child receive any private therapies or services, and if so, what services are these and who are the providers? (Please include any current or past outside services.)   
     Click here to enter text.
19. Do you believe the school has followed all of the provisions of your child’s IEP or 504 Plan?  If not, what provisions have not been followed?   
    Click here to enter text.

1. Are there any services or areas of need that you believe the school should be addressing that they are currently not?  What are these?   
    Click here to enter text.
2. Did the school ever offer of provide extended school year (ESY) services to your child?  If so, do you believe those services were adequate?   
    Click here to enter text.
3. Do you believe your child should have been provided assistive technology (computer, communication app, etc.) but was not?  If so, what kind of assistive technology does your child need and why?   
    Click here to enter text.
4. Who are the members of your child’s education or IEP team?  Please list the names and titles of all teachers, support personnel, and key administrators:   
    Click here to enter text.
5. What specific requests have you made to the school, either in writing or verbally during an IEP meeting, which they have either denied or ignored?   
   Click here to enter text.

1. Overall, what do you believe the school needs to do differently to appropriately address your child’s needs (i.e. to the best of your knowledge, what resolution are you seeking at this time)?   
    Click here to enter text.
2. Have you worked with a special education advocate or special education attorney before, and if so, who?   
    Click here to enter text.
3. Have you ever filed a complaint or due process request with your state Department of Education?    
   Click here to enter text.

1. How were you referred to Inclusion Advocates:

Click here to enter text.

1. Overall, what type of assistance are you seeking from us, and are there any specific questions that you would like answered?

Click here to enter text.