

## CLIENT INFORMATION

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Email: \_\_\_\_\_

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

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

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

\_\_\_\_\_

Name of Principal: \_\_\_\_\_

Name of Special Education Director: \_\_\_\_\_

Child's Disability Category: \_\_\_\_\_

Does your child currently have an: (check all that apply)

IEP     IFSP     GIEP     504 Accommodation Plan

What are your child's documented disabilities, according to the school? \_\_\_\_\_

\_\_\_\_\_

What are your child's disabilities, according to you? \_\_\_\_\_

\_\_\_\_\_

Your child's weakest academic areas: \_\_\_\_\_

\_\_\_\_\_

Student Name: \_\_\_\_\_

You child's strongest academic areas: \_\_\_\_\_

Has the school district conducted an evaluation of your child?  YES  NO

Date of last evaluation conducted by the school: \_\_\_\_\_

Have you ever requested an independent educational evaluation at district expense?  YES  NO

If yes, did the school district agree to your request for an independent evaluation?  YES  NO

Have you ever obtained an independent evaluation of your child at your personal expense?  YES  NO

Has the School District agreed or disagreed with the findings of independent evaluations conducted of your child?  AGREED  DISAGREED

Have you observed/documented regression in your child during summer/winter breaks, whether ESY was offered or not?  YES  NO

Has the school offered Extended School Year (ESY) services to your child?  YES  NO

If yes, do you believe ESY services are adequate/individualized?  YES  NO

Does your child receive any related services, i.e., Occupational Therapy, Speech/Language Therapy, Physical Therapy, etc? Please describe: \_\_\_\_\_

Does your child struggle with making friends or exhibit social skills deficits that require intervention?

Does your child have sensory integration issues/deficits? \_\_\_\_\_

Does your child receive specialized transportation to/from school?  YES  NO



The official registration and financial information of The Arc of Chester County may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement. The Arc of Chester County is a 501(c)(3) nonprofit organization—contributions to which are tax deductible to the fullest extent permitted by law.

Student Name: \_\_\_\_\_

Does your child exhibit behaviors that impede his/her ability to learn and access the curriculum?

\_\_\_\_\_

Does your child require the services of a 1:1 paraprofessional or TSS at home or at school?  YES  NO

Does your child currently receive wraparound services through MHMR? If yes, explain scope of services

he/she currently receives:  NO  YES \_\_\_\_\_

\_\_\_\_\_

Has your child ever been disciplined for behaviors directly related to his/her disability?  YES  NO

Date of your last IEP Meeting: \_\_\_\_\_

Please describe/summarize any additional educational concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When is the best time to call you to discuss the above? \_\_\_\_\_



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