

Your Education Advocates - Client Intake Form

Advocate: Heather Knickerbocker

Date of Intake: _____

Client Information

Parent/Guardian Name(s): _____

Student Name: _____

Student Date of Birth: _____

Grade / School Year: _____

School Name & Address: _____

Parent/Guardian Contact Info:

Phone: _____

Email: _____

Referral / How You Heard About Us

Options: Friend/Family, Social Media, School/Educator, Other: _____

Student Information

Primary Disability / Diagnosis (if known): _____

Current IEP / 504 Plan: Yes ___ No ___

Date of Current IEP / 504 Plan: _____

Services Received (OT, PT, Speech, Counseling, Other): _____

Accommodations / Modifications in Place: _____

Concerns / Reason for Advocacy Support

Previous Interventions / Meetings

Has the student had prior advocacy support? Yes ___ No ___

If yes, describe: _____

Key Dates of Prior IEP / 504 Meetings: _____

Previous Concerns Raised: _____

Goals for Advocacy Support

Additional Information

Behavioral or Social-Emotional Concerns: _____

Medical / Health Concerns (relevant to school): _____

Other Notes / Special Instructions: _____

Authorization / Consent

I, the undersigned, authorize Your Education Advocates to advocate on behalf of my student and to communicate with school personnel, review educational records, and provide consultation related to educational planning.

Parent/Guardian Signature: _____ Date: _____