

CLIENT INFORMATION PACKET
(Please return to mw@iepguardians.org)

Section I. (Student Information)

Date:	
Student's Name:	
Date of Birth:	
School (District):	
School ID#:	
Grade:	

Section II. (Parent/Guardian Information)

Parent/Guardian's full name:	
Address:	
City:	
Zip Code:	
Home Phone:	
Work Phone:	
Email address:	
Contact preference (email, cell, home, work, etc.):	

Section III. (Misc.)

Referred by:	
Medical Diagnosis (list all):	
Hospitalizations, if any:	
Last School Meeting (504, IEP, etc):	
Last Re-Evaluation:	
Evaluation due date:	
My child is currently in the process of an evaluation (Y/N):	
My child currently has a support plan at his/her school (eg, IEP or 504 Plan):	
If yes, what is the primary eligibility?	
If yes, what is the secondary eligibility?	

What is the official placement listed on the most current IEP?	
What related services does your child receive?	
What services and or activities are provided by the family to support your child's disability (e.g., tutoring, outside counseling, etc.)?	

Has your child experienced any significant disciplinary issues in school?	
Does your child have a Behavior Intervention Plan (BIP) or a Functional Analysis of Behavior (FBA)?	
Has your child ever been suspended?	
If yes, for what and for how long?	

Section IV. (School Contact)

School/District providing IEP services:	
Address:	
City:	
Zip:	
Phone:	
Your school contact (casemanager, IEP coordinator, Principal, etc):	
If your child attends a separate school (other than that which provides the IEP services such as a day school or residential program), please list that information here:	

Section V. (Current Dispute or Concern):

Please explain the current conflict, dispute, or concern:	
Please briefly describe the outcome of the last IEP (please include date):	