**SLS Client Contact - Special Ed Intake Form**

**Confidential Attorney/Client**

**Privileged Communication**

 **Date:**

**Client:** **Email Address:**

**Caller**:       **Title:**       **Phone#**       **Cell#**

**Name of Child**:       **DOB**:

**Is the child a regular education student?** **[ ]** Yes [ ]  No

**Does the child have a Section 504 Plan?** **[ ]** Yes [ ]  No

**Is the child eligible for special education?** **[ ]** Yes [ ]  No

**Under which category of disability?**

 [ ]  Hearing impairment aka deaf & hard of hearing (DHH)

 [ ]  Hearing & visual impairment

 [ ]  Speech & language impairment (SLI)

 [ ]  Visual impairment (VI) (includes blindness)

 [ ]  Severe orthopedic impairment (OI)

 [ ]  Other health impaired (OHI)

 [ ]  Autistic-like behaviors or Autism

 [ ]  Intellectual disability

 [ ]  Serious emotional disturbance (ED)

 [ ]  Specific learning disability (SLD)

 [ ]  Traumatic brain injury (TBI)

**What is the issue?**

 **Please provide a brief description of the issue:**

**Is it urgent?**  [ ]  Yes [ ]  No

 **Is it a discipline question?** [ ]  Yes [ ]  No

 **Are you recommending expulsion?**  [ ]  Yes [ ]  No

**Has the child transferred from another school district?** **[ ]** Yes [ ]  No

 **If so, name/city/state of the district:**

**When did the parent/guardian first make the initial contact with the district?**

How was contact made? [ ]  By phone

 [ ]  Walk-in

 [ ]  Letter

 [ ]  Email

**Does the student/family have an attorney or an advocate?** **[ ]** Yes [ ]  No

**If so, can you tell if the student/family will have an attorney**

**or advocate attending the IEP meeting?** **[ ]** Yes [ ]  No

**Name of attorney or advocate (if known)**

**Request for records issue?** **[ ]** Yes [ ]  No

**Office for Civil Rights Complaint?**  [ ]  Yes [ ]  No

**Request for due process hearing?**  [ ]  Yes [ ]  No

**State or federal lawsuit?**  [ ]  Yes [ ]  No

**District Deadline**

 **:**

**Please Send the Notice for Any Upcoming IEP Meeting**

**Please send:**

**[ ]  Meeting notice for any upcoming IEP meeting**

**[ ]  Current annual IEP**

**[ ]  Current assessments**

**[ ]**  **Current psych report**

**PLEASE FORWARD TO SLS ANY AND ALL DOCUMENTATION**

**RECEIVED FROM OAH, CDE, OR OTHER ENTITIES**

***We cannot file a notice of representation in any matter (OCR, CDE, etc.)***

***until the actual complaint is provided to us.***