



INTAKE FORM

Steps:

1. Complete this intake form
2. Email this completed form to rachel@motternadvocacy.com
3. To schedule a consultation call, please text Rachel at 678-250-3735

Please note:

If you have already scheduled your consultation call through my website's calendar, please ensure that the completed intake form is emailed to me at least 24 hours before your consultation.

Mottern Advocacy, LLC
By
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INTAKE FORM

General Student Information

Student's full name:

Age:

Current Grade Level:

Full Name of School and Address:

Full Name of School District and Address:

Current Education Eligibilities/ Diagnosis:

Mother's full name:

Phone:

Occupation:

Date of Birth:

Father's full name:

Phone:

Occupation:

Date of Birth:



Marital Status of Parent(s):

- Single
- Married
- Separated
- Divorced

If parents are divorced, who has primary conservatorship of this child?

REQUIRED Document: Divorce Decree Section

- Must submit *Divorce Decree Section* when you sign and submit your contract with the other documents listed

Student History

Does your child have a chronic medical, genetic, developmental, or mental health diagnosis? If yes, please explain below.

Does your child have functional needs?



What are your current concerns about your child?



What services are you looking for?

- Medical Diagnosis
- Early Childhood Intervention (ECI)
- Parenting Classes
- Psychiatric Exam
- Special Education
- Community Resource Information
- Occupational or Physical Therapy/ Counseling Therapy

What services has your child already received?

- Medical Diagnosis
- Early Childhood Intervention (ECI)
- Parenting Classes
- Psychiatric Exam
- Special Education
- Community Resource Information
- Occupational or Physical Therapy/ Counseling Therapy

Current Conditions

How long has your child had the problems you described?



How does your child play? (For example, pretend, interactive play, repetitive play, line up items, no interest in toys)

Does your child repeat behaviors? If yes, please explain. Does your child get stuck on certain activities? If yes, please explain.

Does your child enjoy unusual items? (Example: gravel, street signs, paperclips, string, etc.) If yes, please explain.



Does your child get upset if things are not “just so” ? If yes, please explain.

Behavioral & Developmental Needs

How does your child interact with you?

How does your child interact with other adults he/she knows?



How does your child interact with children he/she knows?

Does your child have a problem with eye contact? If yes, please explain.

Has your child ever been hospitalized for behavioral or emotional problems? If yes, please explain.



Does your child have a history of or is your child currently engaging in self-injurious or aggressive behaviors? If yes, please explain.

Does your child have a history of or is currently experiencing suicidal thoughts, ideations, or attempts? If yes, please explain.

Medical History

Please include all prescribed medications, as well as any over the counter vitamins or supplements your child has taken.



Has your child ever had a bad reaction (allergy) to medication or foods?

Other Providers: Please list any other providers/therapists involved in the care of this child, along with their specialty and phone numbers. (For example: Developmental Pediatricians, Psychologists, Psychiatrists, Geneticists, Pediatric Neurologist, Pediatric Gastroenterologists, Neurosurgeon, Therapist (Speech, occupational, physical), Counselor, ABA facility, etc.)



Developmental Milestones: Please list the age at which your child accomplished and/or did not meet developmental milestones.

Please indicate whether your child has ever been diagnosed with any Conditions?

- Tuberos Sclerosis (TS)
- Depression
- Down Syndrome
- Bipolar Mood Disorder
- Rett Syndrome
- Anxiety Disorder
- Fragile X
- Obsessive Compulsive Disorder (OCD)
- Neurofibromatosis
- Attention Deficit Hyperactivity Disorder (ADHD)
- Angleman's
- Autism
- Other:



**Has anyone in your family experienced the following:
(Biological Relationship to child)**

Medical Condition	Yes/ No	Mother's Relative	Father's Relative
Learning Problems			
Attention-Deficit/ Hyperactivity Disorder (ADHD/ADD)			
Intellectual Disability			
Down Syndrome			
Speech Impairment			
Birth Defects			
Cerebral Palsy			
Tourette's Syndrome-Tic Disorder			
Neurological Disorders			
Epilepsy/ Seizure Disorder			
Bipolar Disorder			
Depression			
Panic Attacks			
Anxiety			
Obsessive Compulsive Disorder			
Schizophrenia			
Genetic Syndromes			
Muscle/Motor Problems			
Other (List Below):			



Educational History

Name of child's current school:

Grade:

School District:

Telephone:

Teachers:

Present class placement:

- Regular/ General Education Class
- Special Class (Please Specify):
- Bilingual
- English as a second Language (ESL)

Has special education/504 testing been completed by the school? Yes/No If yes, When?

- Yes, date of testing:
- No

Is your child currently on an IEP/504 plan at school?

- Yes, then please attach a copy of the school evaluation
- No



Has your child ever been retained?

Yes

No

If yes, what grade?

Why?

Please describe any ACADEMIC school problems and/or needs:



Please describe any BEHAVIORAL school problems and/or needs:

Please Describe any FUNCTIONAL problems and/or needs:



Educational Programs

Has your child ever participated in any of the following educational programs?

- Gifted & Talented
- Advanced Academic Curriculum
- Special Education/ IEP
- Section 504 Services
- Resource Room Services
- Vocational Training
- Life Skills Class
- Behavioral/ Emotional Disorders Class
- Extended School Year (ESY)
- RTI
- Adaptive Behavior
- Autism Unit
- PPCD
- PALS
- Social Skills

Behavior & Discipline

Please briefly describe any behavioral problems at home:



Types of discipline you use with your child:

- Rewards
- Verbal reprimands
- Time out (isolation)
- Removal of privileges
- Ignoring behavior
- Physical punishment
- Giving in to child
- Other (please specify):

Which form(s) of discipline has proven most effective?:

Please provide additional information about any of the above you feel would be helpful:



Recent Events

Have any of the following events occurred within the past 12 months?

- Parents divorced or separated
- Family accident or illness
- Family financial problems
- Parent changed job
- Death in Family
- New person moved into home
- Family moved
- New baby at home
- Conflict in family
- Family changes
- Child changed schools
- Child repeated a grade
- Other:

Please explain:



Additional Comments

Please write any additional remarks you may have regarding your child or address any concerns we may have missed in the space below: