

WINDSOR LAW FIRM, PLLC
EDUCATION LAW AND ADVOCACY
INITIAL CLIENT INFORMATION FORM

CLIENT NAME: (First, Middle initial, & Last)

CLIENT MAILING ADDRESS

Street & Apt#

City,

State,

Zip Code

Spouse or Significant Other's Name

INFORMATION ON CHILD REQUIRING SERVICES: PHONE, FAX, & EMAIL INFORMATION

Telephone #

Cell Phone #

Email Address

CHILD'S NAME:

Date of birth:

Age:

Grade:

School District (County)

School Name

District Contact Person: Highest ranked individual spoken with about your issues

2014 Fourth Street Sarasota, FL 34237
941-487-7527

[Type text]

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Child's Disability:

This portion of the form is intended to provide the maximum amount of information possible on your child and his/her disability. We are sensitive to the fact that your child is a unique individual and our purpose is not to categorize or label your child. In your initial consultation, we will ask many more questions in order to have a full understanding of your child.

Primary Disability

Secondary Disability

Other

Other:

Additional Description of the Child's disability:

EDUCATIONAL DOCUMENTATION & EVALUATIONS

Date of most recent IEP _____

Date scheduled for next IEP _____

Evaluations: Please indicate which of the following evaluations have been done on your child.

(Most Recent Date for the following :)

Physiological Education _____

Functional Behavior Assessment _____

Physical Therapy _____

PBSSP (BIP) _____

Occupational Therapy _____

Assistive Technology _____

Speech/Language _____

Intellectual Level (IQ) _____

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SERVICES PRESENTLY BEING PROVIDED:

Please check which of the following services are presently being provided to your child by the school district. Next to the service indicate the amount of time per week your child is receiving each service.

_____ Special ESE Class (full-time)

_____ Special ESE Class (part-time)

Time: _____

_____ Speech Language

Time: _____

_____ Physical Therapy

Time: _____

_____ Occupational Therapy

Time: _____

AREAS OF CONCERN AND ISSUES WITH SCHOOL:

_____ Behavior Issues

_____ Inclusion or Educational mainstreaming

_____ Paraprofessional Assistance

_____ Speech Technology

_____ Occupational Therapy

_____ Physical therapy

_____ Rtl Issues

STATEMENT OF ISSUES: Please provide a statement of the principle issues that you wish addressed.

How did you hear about Windsor Law Firm?

Thank you. We look forward to working with you.

OFFICE USE ONLY: _____ Representation Agreement _____ Consent Form

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[Type text]