

Everyone Is Welcome, Inc.

INTAKE FORM

712 Westfield Drive, St. Charles, IL 60174

Phone: (630) 302-0970 E-Fax: 866-817-1884 E-mail: EIWelcome@comcast.net

Initial Date: _____

Intake Date: _____

Referred By: _____

Name: _____ Spouse Name: _____ Child's Name: _____

Address: _____ Child's Age: _____

City: _____ State _____ Zip: _____ Siblings: _____

Home Phone: _____

Work Phone: _____

Fax: _____

E-Mail: _____

School District Name: _____ Home School: _____

Current Placement: _____ Placement Type: _____

Child's Chronological Age Grade Level: _____

Primary Disabling Condition (IEP): _____ MDC Date: _____

Secondary Disability (IEP): _____ IEP Date: _____

Related Services: _____ OT; _____ PT; _____ Speech/Language; _____ Social Work; _____ Nursing;

_____ Counseling; _____ Individual Assistant; _____ Transportation; _____ Other

Issues: _____

(Use reverse side if necessary)

| Contact Persons: | <u>Name</u> | <u>Phone</u> |
|---------------------|-------------|--------------|
| Teacher: | _____ | _____ |
| Principal : | _____ | _____ |
| Spec. Ed. Director: | _____ | _____ |
| Other (Specify): | _____ | _____ |

-----**(Section below to be completed by Everyone Is Welcome, Inc.)**-----

Assigned Advocate: _____ Date Assigned: _____

Advocate Initial Contact Date: _____ Case Closed: _____