

Everyone Is Welcome, Inc.

INTAKE FORM

712 Westfield Drive. Charles, IL 60174
Phone: (630) 302-0970 E-mail: EIWelcome@sbcgloal.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: _____