



Intake Form 2024 - 2025

Date Received: _____ Date Returned: _____ Length of Call: _____ ZIP CODE: _____ Call Taken By: _____ Type of Contact: In Person: _____
 _____ Phone: _____ Email/Text: _____ Letter: _____ Duplicate? (circle if applicable) How did you learn about Show and Tell: _____
 _____ Do you want to sign up for our electronic newsletter? YES NO

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home # _____ Work # _____
 Cell Phone # _____ Email _____
 Child's Name _____ Age _____ DOB: _____
 Grade _____ School _____ School District _____

- Parent
- Surrogate/Guardian
- Professional
- Board Member
- Conference Speaker
- Educator
- Student
- General Ed Administrator
- General Ed Teacher
- Health Care Provider
- Grandparent
- Paraprofessional
- Calendar
- Donor
- Early Childhood Provider
- Special Ed Admin
- Special Ed Teacher
- Volunteer
- Legislator
- Other _____

***Ethnicity**
 Hispanic / Latino No Declined

***RACE**
 American Indian / Native American / Alaska Native
 Asian Black /African American
 White Native Hawaiian / Pacific Islander
 Undisclosed Two or more races: _____

- Disability:**
- ADD-ADHD
 - Autism Spectrum Disorders
 - Deaf-Blindness
 - Developmental Delay (EC)
 - Emotional Disturbance
 - Gifted
 - Hearing Imp. (Inc. Deafness)
 - Intellectual Disability
 - Multiple Disabilities
 - No IDEA disability
 - Orthopedic Imp. (Physical)
 - Other Health Imp.
 - Specific Learning Disability
 - Speech/Lang Imp
 - Suspected/Undiagnosed
 - Traumatic Brain Injury
 - Visual Imp. (Inc. Blindness)
 - Other _____

Languages spoken other than English: Spanish _____ Other _____

Issues:

- Accommodations & Modification
- Advocacy Strategies
- Assistive Technology
- Behavior
- Bullying
- Community resources
- Show and Tell services
- Developing an IEP
- Disability information
- Due Process
- Early Childhood/Part C
- Evaluations
- Filing a complaint
- Getting/defining appropriate supports/svcs
- Helping school staff learn supports
- IDEA
- Inclusive Education Supports
- Literacy
- Mediation
- Elementary and Secondary Education Act
- Parents rights & responsibilities
- Placement/LRE
- Respite
- Section 504
- Standards/PARCC
- Transition/Adulthood
- Transportation
- Other _____

Description of Issues/Challenges	Recommended Strategies & Resources	Information Provided	
		<input type="checkbox"/> Email	<input type="checkbox"/> Mail
		<input type="checkbox"/> Phone	<input type="checkbox"/> Fax
		1.	
		2.	
		3.	
		4.	
		5.	
		6.	
		7.	
		8.	
		9.	
		10.	
		11.	
		Date Sent:	
		Referrals Made	
		(to individual, groups, web-sites):	
		1.	
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Date Added: _____ PIX By Whom: _____
Date Added: _____ CC By Whom: _____

Date Tabulated: _____ By Whom: _____