

Show+Tell Intake form 2021 – 2022.

Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone # _____ Fax # _____

Secondary Phone # (Work, Home, Etc.) _____

Email _____

Child's Name _____ Age _____ Grade _____

School _____ School District _____

County _____

Additional Children _____

School(s) _____

Ethnicity: Hispanic / Latino No

Race:

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

Issues:

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

- Parent
- Grandparent
- Surrogate/Guardian
- Professional
- Board Member
- Conference Speaker
- Educator
- Student
- General Ed Administrator
- General Ed Teacher

Disability:

- ADD-ADHD
- Autism Spectrum Disorders
- Deaf-Blindness
- Developmental Delay (EC)
- Emotional Disturbance
- Gifted
- Hearing Imp. (Inc. Deafness)
- Intellectual Disability
- Multiple Disabilities

- Healthcare Provider
- Paraprofessional
- Law Enforcement
- Donor
- Early Childhood Provider
- Special Ed Admin
- Special Ed Teacher
- Volunteer
- Legislator

Other _____

- 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? Language(s) _____

How did you learn about Show+Tell? _____ Do you want to sign up for Show+Tell's electronic newsletter? (Yes or No) _____

Office Use Only.

Date Received: _____ Date Returned: _____ Length of Call: _____ ZIP CODE: _____ Call Taken By: _____

Type of Contact: In Person: _____ Phone: _____ Email /Text : _____ Letter: _____ Duplicate? (Write Yes if applicable) _____

Description of Issues / Challenges	Recommended Strategies and Resources	Information Provided
		<p>Supports Provided:</p> <p><input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Fax</p> <p>Date Sent: _____</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>Referrals Made (To Individual, group, websites):</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p>

Date Added: _____ PIX By Whom? _____ Date Tabulated: _____

Date Added: _____ CC By Whom? _____ By Whom? _____