



Client Information Sheet

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

E-Mail: _____

E-Mail: _____

Phone: () _____ - _____

Phone: () _____ - _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Marital Status: Married Separated

Divorced Other

If divorced, who has the right to make educational decisions? _____

Child's Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Child's disability(s): _____

School: _____ District: _____

Preferred Method of Communication: Phone Text E-Mail

Subscribe to Newsletter? Yes No

How did you find out about Davis Advocates? _____

Major concerns that led you to contact an advocate: _____

Does your child have a: 504 Plan ARD (IEP)

Date of last 504 or ARD Meeting: _____ Agree: Yes No

Upcoming Meeting? Yes No If yes: Date: _____ Time: _____

Date of last FIE (Full and Individual Evaluation): _____

Do all teachers follow IEP/504? Yes No

Has your child:

Been Retained? Yes No What grade? _____ Been Bullied? Yes No

Failed the STAAR? Yes No What grade? _____ On Grade Level? Yes No

Behavior Problems at school? Yes No Been disciplined? Yes No

Has the school done a Functional Behavior Assessment (FBA)? Yes No

Have a Behavior Intervention Plan? Yes No Is it being followed? Yes No

Any other concerns? _____

I, _____ understand that completion of this form does not constitute that advocacy services will be provided by Davis Advocates. I understand that advocacy services will not begin until my file has been reviewed by the advocate, the initial consultation meeting held, the Contract for Advocacy Services has been signed, and the retainer has been received.

Date: _____