

# STUDENT INTAKE FORM

EXCEPTIONAL SERVICES OFFICE

Circle the type of INTAKE:

ALTERNATIVE      COUNSELING      ELL      FIRST STEPS EARLY INTERVENTION      GED      GIFTED  
HEADSTART      IN-STATE TRANSFER      OUT-OF-STATE TRANSFER      SPEECH      STUDENT INQUIRY

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SS # \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Workplace: \_\_\_\_\_ Work phone: \_\_\_\_\_

OTHER CONTACT PERSON/PHONE: \_\_\_\_\_

REQUEST SOURCE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

REASON FOR

REQUEST: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INFORMATION AND/OR FOLLOW-UP ACTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_