

THE LAW OFFICE OF LILLIAN E. WONG

A SPECIAL EDUCATION ATTORNEY

PROSPECTIVE CLIENT INTAKE FORM

Contact Person Information

Name: _____ Relationship to child: _____

Address: _____

Home Phone: _____ May we leave you a message at this number? _____

Cell Phone: _____ May we leave you a message at this number? _____

Work Phone: _____ May we leave you a message at this number? _____

Fax Number: _____ Must we call first before sending a fax? _____

Personal Email: _____ Work/Other Email: _____

Best time / way to contact you: _____

Alternative Contact Person Information

Name: _____ Relationship to child: _____

Address: _____

Home Phone: _____ May we leave you a message at this number? _____

Cell Phone: _____ May we leave you a message at this number? _____

Work Phone: _____ May we leave you a message at this number? _____

Fax Number: _____ Must we call first before sending a fax? _____

Personal Email: _____ Work/Other Email: _____

Best time / way to contact you: _____

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School Information

School Name: _____ Public or Private? _____

School Address: _____

School Phone Number: _____

Name of School District in which you reside: _____

Name of District Special Education Director: _____

Name of Prior School District

Dates Attended

Child Information

Name: _____ D.O.B. _____

Current grade level: _____ Current Classroom placement: _____

Name of Teacher: _____ Name of Aide (if applicable): _____

What are some of your initial concerns?

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What remedy are you looking for?

When was your child's last IEP plan? _____ Did you accept? _____

Has your child recently been assessed by private assessors? Yes No

If YES, when and by whom: _____

Do you have a mediation scheduled? Yes No

If YES, when? _____

Do you have a due process hearing scheduled? Yes No

If YES, when? _____

Do you currently fund private services or tutoring (e.g. ABA, OT, S/L)? Yes No

If YES, please describe type and frequency: _____

Has your family ever been represented by an attorney or advocate? Yes No

If YES, who and for how long? _____

How did you hear about this law firm? _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

Disclaimer: The information and materials contained in this intake form does not create an attorney-client relationship. Do not send confidential information or records to this firm without express prior approval from The Law Offices of Lillian E. Wong. Messages containing confidential or time-sensitive information should not be sent.

I, _____, understand the above disclaimer and authorize the Law Offices of Lillian E. Wong to contact me for further information.