

Date: _____

SPECIAL EDUCATION INTAKE

Name _____

Rank _____

Unit _____

Address _____

Phone Number _____

DoD Number _____

Spouse's Name _____

Rank _____

Unit _____

Spouse's Address _____

Children

Name	DOB	Is the child registered in the EFMP?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why does your child need special education services? _____

Where does your special needs child go to school? _____

Who is your child's teacher? _____

Has the school system evaluated the child? _____

Does the child have an IEP? _____

Have you provided this office a copy of the IEP? _____

Is the child receiving the services set out in the IEP? _____

Which services is the child not receiving? _____

What additional services do you believe your child should receive and why? _____

Notes/any additional relevant information: _____

I acknowledge that my spouse/other parent/opposing party may also have a right to see a Legal Assistance attorney. I acknowledge that even though I have seen an attorney within the Fort Polk Legal Assistance Office, my spouse/other parent/opposing party may see/have seen another attorney in this office. I agree to waive any potential conflict of interest because my spouse/other parent/opposing party is seeing a different attorney and my attorney will work in my best interest and not divulge anything to my spouse/other parent/opposing party without my prior consent/permission.

Signed by: _____

Date: _____