

Show and Tell Intake Form 2022 - 2023

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

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

How did you learn about Show and Tell: _____ Do you want to sign up for our electronic newsletter? YES NO

Name _____

Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____

Cell Phone # _____ Email _____

Child's Name _____ Age _____ DOB: _____

Grade _____ School _____ School District _____

***Ethnicity** Hispanic / Latino No Declined

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

- | | |
|---|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Surrogate/Guardian | <input type="checkbox"/> Paraprofessional |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Calendar |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Donor |
| <input type="checkbox"/> Conference Speaker | <input type="checkbox"/> Early Childhood Provider |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Special Ed Admin |
| <input type="checkbox"/> Student | <input type="checkbox"/> Special Ed Teacher |
| <input type="checkbox"/> General Ed Administrator | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> General Ed Teacher | <input type="checkbox"/> Legislator |
| <input type="checkbox"/> Health Care Provider | <input type="checkbox"/> Other _____ |

- Disability:**
- | | |
|---|---|
| <input type="checkbox"/> ADD-ADHD | <input type="checkbox"/> No IDEA disability |
| <input type="checkbox"/> Autism Spectrum Disorders | <input type="checkbox"/> Orthopedic Imp. (Physical) |
| <input type="checkbox"/> Deaf-Blindness | <input type="checkbox"/> Other Health Imp. |
| <input type="checkbox"/> Developmental Delay (EC) | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> Emotional Disturbance | <input type="checkbox"/> Speech/Lang Imp |
| <input type="checkbox"/> Gifted | <input type="checkbox"/> Suspected/Undiagnosed |
| <input type="checkbox"/> Hearing Imp. (Inc. Deafness) | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Visual Imp. (Inc. Blindness) |
| <input type="checkbox"/> Multiple Disabilities | <input type="checkbox"/> Other _____ |

Languages spoken other than English: Spanish _____ Other _____

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"/> Respite |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Helping school staff learn supports | <input type="checkbox"/> Section 504 |
| <input type="checkbox"/> Community resources | <input type="checkbox"/> IDEA | <input type="checkbox"/> Standards/PARCC |
| <input type="checkbox"/> Show and Tell services | <input type="checkbox"/> Inclusive Education Supports | <input type="checkbox"/> Transition/Adulthood |
| <input type="checkbox"/> Developing an IEP | <input type="checkbox"/> Literacy | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Disability information | <input type="checkbox"/> Mediation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Due Process | | |

Description of Issues/Challenges	Recommended Strategies & Resources	Information Provided			
		<input type="checkbox"/> Email	<input type="checkbox"/> Mail		
		<input type="checkbox"/> Phone	<input type="checkbox"/> Fax		
		1.			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
		9.			
		10.			
		11.			
				Date Sent:	
				Referrals Made	
				(to individual, groups, web-sites):	
		1.			
		2.			
		3.			
		4.			
5.					
6.					
7.					
8.					
9.					
10.					

Date Added: _____ PIX By Whom: _____
Date Added: _____ CC By Whom: _____

Date Tabulated: _____ By Whom: _____