

THRIVE Center Intake Form 2020-2021

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 THRIVE?: _____ Do you want to sign up for THRIVE's electronic newsletter? YES NO

Name _____

Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____

Fax # _____ Cell Phone # _____

Email _____

Child's name _____ Age _____ Grade _____

School _____ School District _____

*Ethnicity Hispanic / Latino No

***RACE**

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

- Parent Grandparent
- Surrogate/Guardian Paraprofessional
- Professional Calendar
- Board Member Donor
- Conference Speaker Early Childhood Provider
- Educator Special Ed Admin
- Student Special Ed Teacher
- General Ed Administrator Volunteer
- General Ed Teacher Legislator
- Health Care Provider Other _____

Disability:

- ADD-ADHD No IDEA disability
- Autism Spectrum Disorders Orthopedic Imp. (Physical)
- Deaf-Blindness Other Health Imp.
- Developmental Delay (EC) Specific Learning Disability
- Emotional Disturbance Speech/Lang Imp
- Gifted Suspected/Undiagnosed
- Hearing Imp. (Inc. Deafness) Traumatic Brain Injury
- Intellectual Disability Visual Imp. (Inc. Blindness)
- Multiple Disabilities 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"/> Section 504 |
| <input type="checkbox"/> Community resources | <input type="checkbox"/> Helping school staff learn supports | <input type="checkbox"/> Standards/PARCC |
| <input type="checkbox"/> THRIVE services | <input type="checkbox"/> IDEA | <input type="checkbox"/> Transition/Adulthood |
| <input type="checkbox"/> Developing an IEP | <input type="checkbox"/> Inclusive Education Supports | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Disability information | <input type="checkbox"/> Literacy | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Due Process | <input type="checkbox"/> Mediation | <input type="checkbox"/> Other _____ Bullying _____ |

F2F Grant:

Financing for Services: _____ Accessing Medical Home: _____ Navigating / Accessing Services: _____
 Partnering / Decision Making w Providers: _____ Screening (Med/Edctl): _____ Transition (HC/Vocatl/Employment): _____