

4kids1st

Client Intake Form

Guardian:

First	Last	Relationship to Child
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Address:

Street	Apt.	City	State	Zip
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Contact:

Daytime Phone	Evening Phone	Email Address
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Child:

First	MI	Last	D.O.B.
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Child's Preferred Name

Current Grade

School:

School Name	District	Principal
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IEP Eligible? Yes / No

Please Circle

SpEd Administrator at School

If so, under what eligibility category? Circle One

Autism	Emotional Disturbance	Multiple Disabilities	Speech/Language Impaired	Other Health Impaired	Developmental Delay (ages 3-5)	Deaf-Blindness	OHI-ADD/ADHD
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Hearing Impairment	Orthopedic Impairment	Traumatic Brain Injury	Intellectual Disability	Specific Learning Disability	Visual Impairment	To Be Determined
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How did you learn about 4kids1st?

Please briefly discuss your question or problem:

Please return to:

4kids1st, 2625 Townsgate Road #330, Westlake Village, CA 91361 • F: 310.531.7415 • Info@4kids1st.org