

CALLOWAY COUNTY SCHOOLS

CHILD INTAKE FORM*

Date Information Received: _____ **Person Completing Form:** _____

Reason For Contacting Calloway County School District: _____

Child/youth information:

Name _____ **Age** ____ **Male** ____ **Female** ____ **Date of Birth** _____

Month **Day** **Year**

Social Security Number: _____ **Current Address:** _____

Language or Mode of Communication Used: _____

Disability/Suspected Disability: (*what type of problem is child/youth having*) _____

.....
Parent/Guardian/Representative information:

Name: _____ **Address:** _____

Home Phone Number _____

Place of Employment _____ **Phone Number** _____

What is the relationship to the child/youth? _____

.....
History of early interventions: _____

Prior School Attendance _____

Screening Results: _____

.....
Services which child/youth has received: (This may be through CCSD/another school district or another agency)

Names of agencies/organizations providing above services: _____

.....
Services you believe to be most needed to accommodate for your son/daughter's disability:

*This form only needs to be completed if you are concerned that your child may have an educational disability.

Contact: Rachel Johnson
Director of Special Education
Calloway County Schools
(270) 762-7300, ext. 0111