

# INTAKE QUESTIONNAIRE



Regional Center:

UCI#:

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Current Grade & School: \_\_\_\_\_

District: \_\_\_\_\_

Case Carrier: \_\_\_\_\_ IEP, ISP or 504: \_\_\_\_\_

Use separate sheet of paper if needed:

What is the best way to reach you? \_\_\_\_\_