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PRE-CONFERENCE QUESTIONNAIRE

Although each special education matter is unique, there is certain information which must be obtained at the initial consultation. Therefore, please answer the following questions as carefully as possible and print your answers.

1. **DATE OF CONSULTATION:** _____

2. **NAME & ADDRESS OF PARENTS:**

3. **TELEPHONE NUMBERS:**

PARENT 1: _____

CELL: _____ - _____ - _____

WORK: _____ - _____ - _____

HOME: _____ - _____ - _____

EMAIL ADDRESS: _____

PARENT2: _____

CELL: _____ - _____ - _____

WORK: _____ - _____ - _____

HOME: _____ - _____ - _____

EMAIL ADDRESS: _____

4. **NAME AND BIRTHDATE OF CHILD:**

Name _____ Birthdate ____/____/____

5. SCHOOL DISTRICT: _____

6. NAME OF SCHOOL CHILD CURRENTLY ATTENDS: _____

7. PRESENT CLASSIFICATION OF CHILD:

8. GRADE YOUR CHILD IS NOW IN: _____

9. CURRENT PROGRAM FOR YOUR CHILD (FOR EXAMPLE: RESOURCE ROOM, SELF-CONTAINED CLASS, MAINSTREAMED, OUT-OF-DISTRICT PLACEMENT):

10. IS YOUR CHILD ON ANY MEDICATION? Yes No
IF SO, PLEASE STATE THE NAME OF THE MEDICATION AND ITS PURPOSE:

11. SET FORTH A BRIEF DESCRIPTION OF ANY PROBLEMS YOUR CHILD IS ENCOUNTERING AT SCHOOL IF APPLICABLE:

12. SET FORTH A BRIEF DESCRIPTION OF ANY PROBLEMS YOUR CHILD IS ENCOUNTERING AT HOME IF APPLICABLE:

13. SET FORTH A BRIEF DESCRIPTION OF ANY PROBLEMS YOUR CHILD IS ENCOUNTERING IN THE COMMUNITY IF APPLICABLE:

14. DO YOU HAVE A SPECIAL NEEDS TRUST?

A Supplemental Needs Trust (sometimes called a Special Needs Trust) is a specialized legal document designed to benefit an individual who has a disability. Established to Preserve Governmental Benefits And Protect Assets. Please check below

Yes No

15. **DO YOU HAVE A WILL AND IF SO HAS IT BEEN UPDATED RECENTLY?**

A Will is one of the most important estate planning documents you can have as it protects your assets and those of your loved ones. You should review and update your Will to reflect changes in your life, such as marriages, birth of a child, death, changes of your financial status or revisions of estate laws in New Jersey. If you would like more information or believe this is something your family would benefit from, please check yes below.

Yes No

16. **BY WHOM WERE YOU REFERRED/HOW DID YOU HEAR ABOUT US?**

PLEASE REMEMBER TO BRING THE FOLLOWING ITEMS (WHERE RELEVANT) TO YOUR INITIAL CONSULTATION SO THAT WE CAN GIVE YOU OUR BEST ADVICE. PLEASE NOTE THAT WE WILL NOT KEEP ANY OF THE DOCUMENTATION YOU PROVIDE UNLESS YOU DECIDE TO RETAIN US, IN WHICH CASE WE WILL REQUEST COPIES.

Document Checklist for Initial Consultation

___ Current IEP

___ Past IEPs

___ Testing completed by the school district, including Psychological Testing, Educational Testing, Social History, Speech Evaluations, Occupational Therapy Evaluations

___ Progress Reports

___ Reports by private professionals including: medical doctors, psychiatrists, psychologists, developmental pediatricians, speech therapists, occupational therapists, physical therapists, neurologists

___ Notices from school district personnel regarding any special education matters relating to your child.

___ Notices from any public agencies—including the Department of Education or Truancy departments concerning any matters relating to your child

___ Copies of any letters or documents sent by you pertaining to your child's special education matter.

When in doubt, kindly bring your records. They greatly assist us in helping us identify where we can be of use to you.