



**HIB 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:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**PARENT 2:** \_\_\_\_\_

**CELL:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**WORK:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

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

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**5. SCHOOL DISTRICT:** \_\_\_\_\_

**MAIN OFFICE**

1249 S. River Road, Suite 104  
 Cranbury, NJ 08512  
 (609) 409-3500 (P); (609) 409-3505 (F)  
[www.sgwlawfirm.com](http://www.sgwlawfirm.com)

Revmont Park  
 1161 Broad Street, Suite 215  
 Shrewsbury, NJ 07702  
 (732) 483-6300 (P); (F) 732-676-7636

140 E. Ridgewood Avenue  
 Suite 415, South Tower  
 Paramus, NJ 07652

**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. DOES YOUR CHILD HAVE A 504 PLAN?  YES  NO**  
IF SO, SET FORTH THE UNDERLYING DISABLING CONDITION:

**15. DESCRIBE THE NATURE OF THE CURRENT HIB:**

**16. HAVE YOU OR YOUR SCHOOL DISTRICT FILED A HIB COMPLAINT REGARDING THE CURRENT ISSUE?**

**17. WAS THERE A HIB FINDING AGAINST YOUR CHILD REGARDING THE CURRENT ISSUE?**

**18. DID YOU REQUEST AN APPEAL HEARING?  YES  NO**

**19. DID YOU ATTEND AN APPEAL HEARING BEFORE THE BOARD OF EDUCATION?**

**20. WHAT WAS THE OUTCOME OF THE BOARD MEETING?**

**21. HAVE YOU REQUESTED AND/OR BEEN PROVIDED WITH A COPY OF THE HIB INVESTIGATION RECORDS?**

**22. 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

**23. 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

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

**PLEASE REMEMBER TO PROVIDE THE FOLLOWING ITEMS (WHERE APPLICABLE) PRIOR TO YOUR 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 OUR SERVICES.**

**504 Plan**

**All communications regarding underlying HIB matter**

**Disciplinary notices**

**Current IEP**

**Past IEP**

**Testing completed by the District (including but not limited to): Psychological, educational, social, speech, occupational therapy testing**

**Progress Reports**

**Reports by private professionals (including but not limited to): medical doctors, psychiatrists, psychologists, developmental pediatricians, speech therapists, occupational therapists, physical therapists, neurologists**

**Notices from the District regarding any matter related to your child**

**Notices from public agencies – including the Department of Education or Truancy departments concerning any matters related to your child**

**Letters/Documents sent by you to the District**

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