

# Casey & Clark, LLC

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## PRE-CONFERENCE QUESTIONNAIRE

In order for Casey & Clark to better serve you, please fill out the following pre-conference questionnaire.

Date of Conference \_\_\_\_\_

### 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:**

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**6. NAME OF SCHOOL CHILD CURRENTLY ATTENDS:**

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**7. PRESENT CLASSIFICATION OF CHILD:**

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**8. GRADE YOUR CHILD IS NOW IN:**

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**9. PLEASE PROVIDE CURRENT PROGRAM FOR YOUR CHILD (FOR  
EXAMPLE: RESOURCE ROOM, SELFCONTAINED CLASS,  
MAINSTREAMED, OUT-OF-DISTRICT  
PLACEMENT):**

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**10. IS YOUR CHILD ON ANY MEDICATION? IF SO, PLEASE STATE THE  
NAME OF THE MEDICATION AND ITS PURPOSE:**

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**11. PLEASE PROVIDE A BRIEF DESCRIPTION OF ANY PROBLEMS  
YOUR CHILD IS ENCOUNTERING AT SCHOOL IF APPLICABLE:**

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**12. PLEASE PROVIDE A BRIEF DESCRIPTION OF ANY PROBLEMS YOUR CHILD IS ENCOUNTERING AT HOME IF APPLICABLE:**

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

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**14. DO YOU HAVE A SPECIAL NEEDS TRUST?**

**Yes No**

**Yes No**

**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**

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

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

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