

FAMILY NETWORK ON DISABILITIES OF BROWARD COUNTY

Request for Services Questionnaire

(ALL INFORMATION MUST BE COMPLETED)



Student's Name _____ Date of Birth _____

Social Security Number (last 4 only) _____ Current Age _____

Race (circle one) White Black American Indian Asian or Specify Other _____

Male Female US Citizen Yes No Ethnicity Non-Hispanic Hispanic

Country of Birth: _____ Language spoken in the home _____

Parents are Married Divorced Separated Cohabiting Child lives with _____

Mother's Name: _____	Father's Name: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Mobile Phone: _____	Mobile Phone: _____
E-mail: _____	E-mail: _____

Street Address _____

City _____ Zip _____

Referred by _____

Student's Primary Disability _____

Student's Current School _____ School Phone _____

Teacher's Name _____ Current Grade _____ ESE Specialist _____

IEP Eligibility _____ Type of Class _____

(Cluster, General Education, Resource Room, etc.)

Emergency Contact Information

Name: _____ Phone _____ Relationship to child _____

Briefly explain why you feel you need assistance advocating for your child.