

Current Date:
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**INITIAL CONTACT FORM**

**DIRECTIONS: Please provide as much of the following information as possible. Send the completed form to ICRE-R at the above address, Attention: Admissions.**

Student Name: (Last, First, Middle Initial)		Birth Date:		Sex: M      F	
Address:		City:		State/Zip:	
Primary Diagnosis:					
Secondary Diagnoses:					
Communication Method:			Cultural Background (optional):		
Language(s) Spoken in Home:			Language(s) Spoken by Student:		
Vision Status:		Glasses? Y      N		Hearing Status: Y      N	
Reason for Application:					

**PRIMARY PARENT/GUARDIAN CONTACT INFORMATION**       **Student is Own Guardian**

Name:		Home phone:		Work phone:		Cell phone:	
Address:				City / State / Zip Code:			

**CURRENT EDUCATIONAL INFORMATION**

Does the student have a current IEP? Yes      No		What is the student's current grade level?			
Has student completed his/her high school requirements? Yes      No		Has the student accepted his/her high school diploma? Yes      No			
Name of School:					
Address:			Contact Person/Title:		
			Telephone Number:		
Has the student ever been enrolled in the Chicago Public Schools?					Yes      No
If so, include Student Identification Number:					