

INDIVIDUALIZED IEP PREPARATION REGISTRATION FORM

DATE: _____ REFERRED BY: _____

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Employer: _____ Work Phone: _____

Address: _____

Please indicate the best way to reach you. HOME CELL EMAIL WORK

BACKGROUND ON YOUR CHILD

Name: _____

Date of Birth: _____ Age: _____ MALE FEMALE

Is this your biological child? _____ If not, date/age of adoption: _____

Educational History

Current School: _____ Grade: _____

Diagnosis: _____

Educational classification: _____

Child's last evaluations were completed (date): _____

Evaluations completed by: Child Study Team Private Evaluators Other (explain): _____

Indicate (and include a copy of) all reports completed as part of your child's most recent Evaluation or Re-Evaluation:

- | | | |
|---|---|---|
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Educational | <input type="checkbox"/> Speech and Language |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Assistive Technology |
| <input type="checkbox"/> Neuropsychological | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Neurological |

Other: _____

Describe your child's current educational program:

Describe concerns about your child's educational program as detailed in his/her Individualized Education Plan. Please limit your response to no more than 3 concerns:

1) _____

2) _____

3) _____

Please indicate which office you would like to schedule your individualized consultation:

- | | | |
|---|--|--|
| <input type="checkbox"/> Paramus
140 E. Ridgewood Ave, Ste 415 | <input type="checkbox"/> West New York
6407 Bergenline Ave. | <input type="checkbox"/> Tarrytown
520 White Plains Rd. |
|---|--|--|

My signature indicates that I have read and understand the terms of this limited consultation as detailed herein on page 3 of the registration form.

Name

Date

TERMS OF YOUR INDIVIDUALIZED IEP PREPARATION CONSULTATION:

Scope of Consultative Services: The Individualized IEP Preparation Consultation is a one-time limited offer to individuals who are not currently clients of our firm. Please note that the consultation fee is \$300 and includes Ms. Soto's time to review your child's most recent IEP and one complete set of evaluations, along with a one-hour in-person consultative meeting. The scope of your Individualized IEP Preparation Consultation is limited to discussions regarding the specific concerns you have outlined on the registration form, and suggesting strategies to: 1) prepare for your child's IEP meeting; and, 2) participate in the development of your child's IEP. If you feel that you require additional time with Ms. Soto to discuss your child's IEP or to prepare for your child's IEP meeting, the terms of additional time will be discussed at your scheduled consultation and Ms. Soto's time will be billed at her standard hourly rate of \$250. At your scheduled consultation, if you who would like to discuss matters outside the scope of this limited consultation, you will be asked to call our office and schedule an intake appointment.

In preparation for your one-hour consultation with Ms. Soto, please mail the completed registration form, one copy of your child's most recent IEP, one copy of each report completed as part of your child's most recent Evaluation or Re-Evaluation, and a check for your consultation deposit in the amount of \$150 to:

**Christine Ann Soto, Esq.
Law Offices of Christine Ann Soto
140 East Ridgewood Avenue, Suite 415
Paramus, NJ 07652**

Upon receipt of your completed registration packet, our office will contact you to schedule your Individualized IEP Preparation Consultation. The fee balance of \$150 will be due at your scheduled consultation.

Cancellation policy: Please notify our office *no later than* 24 hours in advance if you need to cancel or reschedule your consultation. Failure to properly notify our office may result in the loss of your deposit. Our office reserves the right to limit the number of times an appointment may be rescheduled.

Legal Representation: Participating in an Individualized IEP Preparation Consultation does not constitute legal representation by our firm. Details regarding engaging our firm to provide legal services can be obtained by speaking to Ms. Soto at your scheduled consultation or by calling our office. If you have any questions regarding the terms of your Individualized IEP Preparation Consultation or other matters, please do not hesitate to call our office at (201) 320-3626.