PELE APPLICATION FORM

Please complete this form if you are interested in pro bono special education advocacy services from the PELE Special Education Advocacy Clinic at William & Mary Law School. Please note that completing this application does NOT form an attorney-client relationship; however, this information will be kept confidential. Pro bono advocacy services are ONLY available to families located in Virginia. If you are a military family, there is a separate application form. Please see visit our webpage at [www.law.wm.edu/pele](http://www.law.wm.edu/pele) for the military application.

The application will be evaluated within approximately two weeks of submission to determine if we are currently able to offer an intake interview for full representation. For all families that complete this form, the PELE Clinic will follow-up to provide technical assistance, even if the Clinic is not able to open the case. Please be aware that we will not be able to represent every family that completes this form.

1. **Biographical & Contact Information**

Name of Parent/Guardian

Email Address

Phone Number

Home Address

Spouse’s Name

**Relationship Between Child’s Parents (This is asked to determine who has educational decision-making rights for child.)**

[ ]  Married; both parents have educational rights

[ ]  Divorced; both parents have educational rights

[ ]  Divorced; only one parents has educational rights

[ ]  Never married; both parents have educational rights

[ ]  Never married; one parents has educational rights

[ ]  Child was adopted; biological parents’ rights have been terminated

[ ]  Child was adopted by non-biological parent who married biological parent

[ ]  Other

1. **Demographic Information**

*This demographic information is OPTIONAL. This is meant for grant-reporting purposes, and all personally-identifiable information will be stripped from any reports.*

**Child’s Race**

[ ]  American Indian or Alaska Native

[ ]  Asian

[ ]  Black or African American

[ ]  Hispanic or Latino

[ ]  Native Hawaiian or Other Pacific Islander

[ ]  White

[ ]  Prefer not to answer

[ ]  Other

**Total Annual Household Income**

[ ]  Less than $10,000

[ ]  $10,000 to $19,999

[ ]  $20,000 to $29,999

[ ]  $30,000 to $39,999

[ ]  $40,000 to $49,999

[ ]  $50,000 to $59,999

[ ]  $60,000 to $69,999

[ ]  $70,000 to $79,999

[ ]  $80,000 to $89,999

[ ]  $90,000 to $99,999

[ ]  $100,000 to $149,999

[ ]  $150,000 or more

[ ]  Prefer not to answer

1. **Information About Your Child**

**Your Child’s Name**

**Child’s Gender**

**[ ]** Female

[ ]  Male

[ ]  Non-binary

[ ]  Prefer to self-describe

[ ]  Prefer not to answer

**Grade Level**

**School District**

**School**

**Does your child have an Individualized Education Program (IEP) and/or a 504 Plan?**

**[ ]** Yes

[ ]  No; we were denied an IEP, but the child has a 504 Plan

[ ]  No; we have not gone through the eligibility process for an IEP

[ ]  Denied a 504 Plan

[ ]  In the process of going through the IEP eligibility process

**If you child has been found eligible, please indicate their category/categories.**

[ ]  Autism

[ ]  Deaf-blindness

[ ]  Developmental Delay

[ ]  Emotional Disability

[ ]  Hearing Impairment

[ ]  Intellectual Disability

[ ]  Specific Learning Disability

[ ]  Speech or Language Impairment

[ ]  Traumatic Brain Injury

[ ]  Visual Impairment

[ ]  Other Health Impairment

[ ]  Not yet determined

**Please list any diagnoses your child has gotten from a doctor, psychologist, or other professional.**

**Please select which issue areas are your primary concerns.**

[ ]  Child Find/Eligibility

[ ]  Content of IEP

[ ]  PCS Transfer Issues (Incoming or Outgoing)

[ ]  IEP Implementation

[ ]  FBA/BIP/Behavior

[ ]  504 Plan Content/Implementation

[ ]  Suspension/Expulsion

[ ]  Related Services (Speech Therapy, Occupational Therapy, Physical

Therapy, etc.)

[ ]  School-Home Communication

[ ]  Transition Planning for Post-High School

[ ]  Other

**What resources have you used?**

[ ]  PEATC

[ ]  disAbility Law Center of Virginia

[ ]  Legal Aid Justice Center

[ ]  Partners in PROMISE

[ ]  Exceptional Family Member Program

[ ]  Military Liason

[ ]  None

[ ]  Other

**Have you consulted with an attorney?**

[ ]  Yes; A private attorney I paid

[ ]  Yes; A nonprofit/legal service attorney

[ ]  No

[ ]  Other

**Have you consulted with a non-attorney advocate?**

**[ ]** Yes

[ ]  No

**Please name any attorney or advocate you have worked with, and whether you are still working with them.**

**Have you filed a complaint? (Please check all that apply.)**

[ ]  Informal Complaint with School District

[ ]  Formal Due Process Complaint

[ ]  Formal State Complaint

[ ]  Office of Civil Rights Complaint

[ ]  Other

**In a few short sentences, please describe the issue or concern with the school district.**

**Thank you for completing this intake questionnaire. We will be in touch if we can provide further assistance.**