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.**