



**ECCDC**  
EARLY CHILDHOOD DIRECTION CENTER  
CENTER FOR COMMUNITY INCLUSION  
**LIU**

**Long Island Early Childhood Direction Center**

***Intake Form***

**Parents/Legal Guardian Information**

Names:(Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

What language(s) are spoken at home? English \_\_\_ Spanish \_\_\_ Other \_\_\_\_\_

Do you need an interpreter? Yes \_\_\_ No \_\_\_

**Phone:** (home) \_\_\_\_\_ Can we leave a message? **Yes** \_\_\_ **No** \_\_\_

(cell) \_\_\_\_\_ (work) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

May we add you to our e-mail list? Yes  No

**Child(ren) Information**

**1. Name:** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**Address (if different)** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**School District:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age** \_\_\_\_\_

**Diagnosis/Disability** \_\_\_\_\_ **Year** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**Address (if different)** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Age** \_\_\_\_\_

**Diagnosis/Disability** \_\_\_\_\_ **Year** \_\_\_\_\_

**How may we help you? Please check the topic(s) that applies to you.**

- (1) \_\_\_ CPSE and CSE processes
- (2) \_\_\_ Least Restrictive Environment
- (3) \_\_\_ Parent's Rights
- (4) \_\_\_ Day care and childcare services
- (5) \_\_\_ Family Support and Respite Services
- (6) \_\_\_ Social Services
- (7) \_\_\_ Vocational and Job Training Programs
- (8) \_\_\_ Evaluation and Diagnostic Services
- (12) Other \_\_\_\_\_
- 9) \_\_\_ Legal and Advocacy
- 10) \_\_\_ Home School Collaboration
- 11) \_\_\_ Transition \_\_\_ a. Early Intervention  
\_\_\_ b. CPSE to CSE

**How did you hear about us?** \_\_\_\_\_

**Question/Concern:**

**LIECDC staff member** \_\_\_\_\_

**Action taken/Information provided/# of contacts:**