

The Arc of the Central Chesapeake Region
Educational Advocacy Services

September 1st, 2015-June 1st, 2016

Child's Name:

Child's Date of Birth:

Parent/Guardian:

Address:

Home phone#:

Cell phone#:

Work phone #:

Email Address:

Name of school your child attends:

Child's Disability:

Please describe the problems/issues that you are currently facing.

Please describe the outcome/solution that you are looking for.

Please describe the assistance/support you would like from The Arc.