



**THE POTTER AGENCY LLC**  
**Patrick D. Potter**  
**Social Security Disability Advocate**

1108 Blount Avenue Ste. A  
Guntersville, AL 35976  
(256) 582-1934

Toll Free: 1-888-582-1934  
www.potterdisability.com  
Fax: (256) 582-1902

## **Childhood Disability Interview**

Use this checklist to get ready for your appointment. Keep your appointment even if you do not have all of the information. We will help you get any missing information.

**Check off the applicable items as you get them together for your interview.**

### **MEDICAL INFORMATION**



- Name, address, and phone number of every doctor, therapist, hospital and clinic that has seen or treated the child for at least the last year.
- Medication(s) the child is taking. These can be found on the medicine containers.
- Child's medical assistance number, if any.

### **OTHER INFORMATION**

- Names, addresses and phone numbers of any schools the child attended in the past 12 months, including the names of teachers, psychologists, counselors, speech and other therapists who have seen or treated the child.
- The child's Individualized Family Service Plan (IFSP) for early intervention services or Individualized Education Program (IEP) for special education services, if the child has one; and any other school records that you may have.
- Names, addresses and phone numbers of any social service programs and the name of caseworkers that have information about the child.
- Name, address and phone number of another adult who helps care for the child and can help us get information, if necessary.
- Names, addresses and phone numbers of any employers the child has had.
- An original or certified copy of the child's birth certificate. If the child was born in another country, we also need proof of U.S. citizenship or legal residency.
- Names and Social Security Numbers for all the children and adults who live in the household.
- Proof of current income for the child and family members living in the household (for example, pay stubs, self-employment tax returns, unemployment or other program benefits, child support).
- Proof of resources for the child and parents living in the household (for example, bank account statements, life insurance policies, certificates of deposit, stocks or bonds).

## MEDICAL AND SCHOOL WORKSHEET – CHILD

Completing this worksheet will help you get ready for the interview. It will also speed up the interview. We may ask for additional information. *If you need more space, use the blank note section provided on the last page.*

**A.** Child's height and weight. \_\_\_\_\_

**B.** Name, address, phone number, and relationship of an adult who helps care for the child and can help us get information about the child if necessary.

\_\_\_\_\_

\_\_\_\_\_

**C.** The child's illnesses, injuries, or conditions. \_\_\_\_\_

\_\_\_\_\_

**D.** When the child's condition(s) began. \_\_\_\_\_

**E.** How they affect the child's activities. \_\_\_\_\_

**F.** The child's current grade, if in school. \_\_\_\_\_

**G.** Schools or preschools the child is currently attending, and any other schools he or she attended in the last 12 months.

NAME	ADDRESS, ZIP CODE, and PHONE NUMBER	DATES ATTENDED	KIND(S) OF SPECIAL ED. SERVICES (if any)

**H.** Current teacher's name(s) and school. \_\_\_\_\_

**I.** School testing the child has had, such as tests for behavior or learning problems.

NAME OR KIND OF TEST	DATE(S)	NAME OF SCHOOL

**J.** Name of any school therapist the child is seeing or has seen (for example, speech, physical, or occupational) and the school name.

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**K.** Hospitals, clinics, doctors, or therapists that have seen the child within at least the last 12 months.

NAME	ADDRESS, ZIP CODE, and PHONE NUMBER	PATIENT I.D. NUMBER	DATE FIRST SEEN	DATE LAST SEEN

**L.** Other agencies or programs that tested or examined the child, or that provided services (such as Headstart, Early Intervention Services or Special Education, Public or Community Health, Welfare or Social Service Agency, Mental Health/Mental Retardation Center).

NAME	ADDRESS, ZIP CODE, and PHONE NUMBER	KIND OF TEST OR SERVICE	DATE(S)

**M.** Medicine(s) the child takes, and the doctor's name if it is a prescribed medication.

NAME OF MEDICINE	PRESCRIBED BY

**N.** All medical tests the child had or will have for his or her illnesses, injuries or conditions. (For example, hearing test, vision test, IQ testing, blood tests, breathing tests, x-rays.)

NAME OF TEST	DATE(S)	WHERE DONE	WHO SENT CHILD FOR TEST



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**NOTES**