INLAND REGIONAL CENTER (FICTIONAL TEST RECORD)

Intake Application - Page 2 of 13: Applicant's Information

First Name: Mia Middle Name: L Last Name: Ficticia

Date of Birth: 06/30/2020 Place of Birth (City/State): Ontario, CA

Gender: [ ] Male [X] Female Ethnicity: Hispanic

Who does the applicant live with? [X] Mother

Street: 45 Placeholder Lane City: Exampleville State: CA Zip: 90021

Primary Phone Number: (555) 060-0101 E-Mail Address: rosa.ficticia@example.com

Preferred Spoken Language: Spanish

Emergency Contact: Lupe Lara (maternal aunt) (555) 060-0102

Health insurance: Medi-Cal, IEHP plan; California Children's Services.

INLAND REGIONAL CENTER (FICTIONAL TEST RECORD)

Intake Application - Page 3 of 13: Family

Mother: Rosa Ficticia Maiden Name: Lara

Date of Birth: 04/11/1988 Place of Birth: Mexicali, Mexico

Highest Education Level: High school Job Title: Homemaker

Father: Marco Ficticia

Date of Birth: 01/25/1986 Place of Birth: Ontario, CA

Highest Education Level: High school Job Title: Truck driver

Parents' Marital Status: Divorced

SIBLING INFORMATION:

Daniel Ficticia DOB 02/14/2015 Resides w/Applicant: Yes Relevant History: ADHD

Sofia Ficticia DOB 08/30/2017 Resides w/Applicant: Yes Relevant History: None

INLAND REGIONAL CENTER (FICTIONAL TEST RECORD)

Intake Application - Page 5 of 13: Birth, Development and Health

BIRTH HISTORY:

Born at 30 weeks at Example Women's Hospital by vaginal delivery. Birth weight 3 lb 2 oz.

Stayed 7 weeks in the NICU; head ultrasound showed periventricular leukomalacia.

DEVELOPMENTAL MILESTONES:

Sat alone: 14 months Crawled: did not crawl Walks with a walker since age 3

First words: 15 months; talks in full sentences now

Toilet trained: daytime since age 4, needs help with clothing

When did you first become concerned? Doctors noticed stiffness in her legs at 8 months; she was diagnosed with cerebral pals

MEDICAL:

Primary doctor: Dr. Example Medico, Example Health Center (555) 060-0200. Last physical: 06/2026.

Spastic diplegic cerebral palsy. Botox injections to calves every 6 months; ankle braces (AFOs) and a posterior walker.

California Children's Services (CCS) Medical Therapy Unit: physical and occupational therapy weekly. No seizures. No allergies

SCHOOL:

Kindergarten, general education with a 1:1 aide, Example Elementary.

IEP dated 05/2026: eligibility Orthopedic Impairment; OT, PT and adapted PE.