

**Capistrano Unified School District**  
**San Juan Capistrano, California**

**EDUCATIONAL HISTORY**

Pre-Kindergarten Experience	Ages
Preschool	_____
Special Education Preschool	_____
Head Start	_____

**SCHOOLS ATTENDED**

<u>Year</u>	<u>Grade</u>	<u>School/District</u>	<u>Special Programs (i.e. RSP, ESL, LAAP, Speech)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Was your child ever retained? \_\_\_\_\_ What grade? \_\_\_\_\_ Reason: \_\_\_\_\_

Average amount of time spent doing daily homework: \_\_\_\_\_

**BEHAVIOR/TEMPERAMENT**

Place a check next to any behavior or problem that your child currently exhibits:

- |   |  |
|---|--|
| <input type="checkbox"/> over active          | <input type="checkbox"/> under active                            |
| <input type="checkbox"/> short attention span | <input type="checkbox"/> lacks self control                      |
| <input type="checkbox"/> often unhappy        | <input type="checkbox"/> excessive fears                         |
| <input type="checkbox"/> impulsive            | <input type="checkbox"/> over reacts when faced with a challenge |
| <input type="checkbox"/> shy                  | <input type="checkbox"/> socially avoidant                       |
| <input type="checkbox"/> disruptive           | <input type="checkbox"/> aggressive                              |
| <input type="checkbox"/> unmotivated          | <input type="checkbox"/> fire setting                            |
| <input type="checkbox"/> defiant              | <input type="checkbox"/> truant                                  |
| <input type="checkbox"/> peer difficulties    | <input type="checkbox"/> cruel to animals                        |
| <input type="checkbox"/> easily frustrated    | <input type="checkbox"/> overanxious                             |
| <input type="checkbox"/> homework problems    | <input type="checkbox"/> drug/alcohol                            |
| <input type="checkbox"/> self mutilating      | <input type="checkbox"/> disorganized                            |
| <input type="checkbox"/> other                |  |

Explain: \_\_\_\_\_  
\_\_\_\_\_

**SOCIAL/EMOTIONAL**

Describe how your child gets along with others:

\_\_\_\_\_  
\_\_\_\_\_

What are your child's best attributes or strengths:

\_\_\_\_\_  
\_\_\_\_\_

What do you find most challenging about your child:

\_\_\_\_\_  
\_\_\_\_\_

Has your child now or in the past received counseling/therapy (if yes, please explain):

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else, or any other concerns you feel we should know to help in the evaluation of your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_