

## PARENT INFORMATION

Please note: Answers to all questions are necessary. If a question does not apply to your child, please indicate "not applicable" (N/A).

STUDENT (First, Middle, Last) \_\_\_\_\_ SS# \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_ SEX \_\_\_\_ RACE \_\_\_\_

STUDENT'S ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ MEDICAID # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

(If different from address above)

### STUDENT RESIDES WITH:

\_\_\_\_ BOTH PARENTS \_\_\_\_ FATHER \_\_\_\_ MOTHER \_\_\_\_ STEP-PARENT \_\_\_\_ GUARDIAN

**LEGAL FATHER** \_\_\_\_\_ Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Work Phone \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

**LEGAL MOTHER** \_\_\_\_\_ Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Work Phone \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

**STEP-PARENT** \_\_\_\_\_ Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Work Phone \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

**GUARDIAN** \_\_\_\_\_ Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Work Phone \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

### LANGUAGE FACTORS

What language was your child's first language? \_\_\_\_\_

What language is spoken in the home most of the time? \_\_\_\_\_

What language does your child speak at home most of the time? \_\_\_\_\_

What language does your child understand best? \_\_\_\_\_

In which language would you like information provided to YOU? \_\_\_\_\_

Yes  No Does your child have any speech or language difficulties? If yes, describe the problem and any help he/she has received: \_\_\_\_\_

### DEVELOPMENTAL HISTORY

Yes  No Were there any complications during pregnancy or birth with this child? If yes, please explain: \_\_\_\_\_

Yes  No During pregnancy did the mother consume alcohol? If yes, please explain: \_\_\_\_\_

Yes  No During pregnancy did the mother use drugs? If yes, please explain: \_\_\_\_\_

Physical development of your child:  Early  Normal  Slow

Language development of your child:  Early  Normal  Slow

**PHYSICAL FACTORS**

- Yes  No Have you ever suspected a vision problem? If yes, explain:  
\_\_\_\_\_
- Yes  No Have you ever suspected a hearing problem? If yes, explain:  
\_\_\_\_\_
- Yes  No Does your child have any restrictions on physical activities? If yes, explain:  
\_\_\_\_\_

Check any conditions your child has been diagnosed as having:  heart condition,  tuberculosis,  AIDS,  
 nephritis,  rheumatic fever,  leukemia,  sickle cell anemia,  hemophilia,  tics/twitches,  
 seizures,  asthma,  diabetes,  neuromuscular disease,  attention-deficit hyperactivity disorder,  
 Tourette's Syndrome,  other: \_\_\_\_\_

- Yes  No Has your child ever had a serious illness or been hospitalized? If yes, explain:  
\_\_\_\_\_
- Yes  No Is your child currently under the care of a physician for a medical problem? If yes, explain:  
\_\_\_\_\_

Yes  No Is your child currently taking any medications? If yes, please provide the following information:  
 Name of medicine? \_\_\_\_\_ Reason medication is taken? \_\_\_\_\_  
 When is medicine taken? \_\_\_\_\_ Side effects of medicine? \_\_\_\_\_

Please list the names and addresses of the doctor(s) your child has seen for health or physical problems:  
 Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 Date last seen \_\_\_\_\_ Date last seen \_\_\_\_\_  
 Reason seen \_\_\_\_\_ Reason seen \_\_\_\_\_

**EMOTIONAL/BEHAVIORAL FACTORS**

Please rate your child according to the behaviors in the list below. Choose the rating which best describes your child's typical behavior at home:

0 = never    1 = seldom    2 = sometimes    3 = usually

- |             |                |                    |                     |
|-------------|----------------|--------------------|---------------------|
| _____ sad   | _____ hostile  | _____ dependent    | _____ aggressive    |
| _____ shy   | _____ a bully  | _____ overactive   | _____ disobedient   |
| _____ quiet | _____ a loner  | _____ destructive  | _____ temperamental |
| _____ happy | _____ nervous  | _____ independent  | _____ belligerent   |
| _____ moody | _____ friendly | _____ affectionate | _____ cooperative   |

- Yes  No Has your child ever been evaluated by a psychologist or psychiatrist? If yes, please provide:  
 Name of Psychologist/Psychiatrist: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date Evaluated: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**ADAPTIVE BEHAVIOR**

How do you think your child compares with other children his/her age in regard to social and daily living skills?

- below average     average     above average    Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SOCIOLOGICAL FACTORS**

- Yes  No Is the child adopted? If yes, age of child at adoption: \_\_\_\_\_
- Yes  No Is the child a foster child? If yes, how long has the child been in foster care? \_\_\_\_\_
- Yes  No Are the child's natural parents divorced? If yes, when was the divorce? \_\_\_\_\_

Please list all natural brothers and sisters, and indicate if they are currently living in the home:

NAME	AGE	MALE/FEMALE	LIVING IN THE HOME? YES/NO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any additional persons living in the home and state their relationship to the child. (It is not necessary to list parents or step-parents.)

NAME	RELATIONSHIP TO CHILD
_____	_____
_____	_____
_____	_____

Yes  No Are there any unusual circumstances in the home which might affect your child's school performance? If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes  No Is there a history of any school or learning problems of other family members? If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes  No Is there a family history of:  depression  anxiety  attention deficit hyperactivity disorder? If yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

What hobbies or special interests does you child have?  
 \_\_\_\_\_  
 \_\_\_\_\_

Yes  No Does your child have any particular work interests, aptitudes, or work experience? If yes, please explain: \_\_\_\_\_

Yes  No Does your child have a part-time job? If yes, describe job: \_\_\_\_\_

What goals do you have for your child?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATIONAL HISTORY**

Please list each school your child has attended, beginning with kindergarten (or pre-kindergarten, if applicable):

SCHOOL	LOCATION	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yes  No Has your child ever repeated a grade? If yes, give grade(s): \_\_\_\_\_

Yes  No Do you think your child is having problems in school? If yes, please explain:

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

When were you first aware of a problem? \_\_\_\_\_

What do you think is causing the problem?

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

Yes  No Has your child mentioned problems with school or learning? If yes, how does he/she describe the problem?

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

Yes  No Has your child ever been in Special Education classes or had special testing? If yes, please give:

Date of testing: \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_

What strengths do you think your child has in school?

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

Please add any additional comments which might help us to better understand your child.

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_