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Background Information

(To be completed by parent or guardian)

Child's 's Name: _____ Grade: _____ Date: _____

Street Address: _____ Birthdate: _____

Mailing Address(if different)/Email address: _____

Child's School:_____

Family Information:

Mother's Name:	Age:	Phone number:
Father's Name:	Age:	Phone number:
Marital Status:		If parents are divorced or separated, how old was the child when the separation occurred?

List all the people living in the household:	Relationship to the child:	Age:

Child's Name:_____

(Please use back of sheet as needed)

Please describe your family's strengths. What activities do you do together as a family?	What do you enjoy most about your child?
List your child's major interests (sports, hobbies, activities):	What do you think your child's overall strength is?

(Please use back of sheet as needed)

Educational Information:

Is your child's age appropriate for his/her current placement? Yes No If no, please check all that apply: __ retained, Specify grade:_____ __ started school late __ held out of school by parents __ other reason: _____	If not age appropriate, please explain the circumstances.
Has your child attended (or is the child attending) a preschool or a program Yes No	List the preschool or program and dates.
Has your child received support outside the school (e.g., private tutor, psychologist)? Yes No	List the outside services provider(s) and type of services.
List all the schools that your child has attended and dates. **(use back of sheet as needed)** _____ _____	_____ _____
Has your child had regular and punctual attendance at school this year? Yes No	If no, please explain the circumstances.

Child's Name:_____

Have you tried to help your child at home with his/her needs? Yes No	If so, how do you think the help given at home has impacted your child (i.e., gains the skills quicker, continues to need lots of repetition, still not following directions, building confidence, and continues to struggle with skills)?
Has your child ever been suspended or expelled from school? Yes No	Please describe the circumstances why your child was suspended or expelled. **(use the back of the sheet as needed)**
Does your child seem to like school? Yes No	What does your child tell you about school?

(please use the back of the sheet as needed)

Medical Information:

List any illness or accidents occurring during pregnancy.	Full term: Yes No Birthweight: _____
Was there any evidence of injury or trauma at birth? Yes No	If yes, please explain. **(use back of sheet as needed)**
Check any problems experienced before your child's second birthday. __Feeding Problems __Seizures __Surgery __Other __Serious Accidents __Head Injuries __Fainting __Breathing Problems __High Fever __Jaundice	If any are checked, please explain.

Child's Name:_____

Who is your child's physician?	Physician's Address/Phone Number:
Does your child seem to have appropriate sensory skills (hearing and vision)?	If no, please explain and attach any available documentation.
Has your child had or currently have any medical concerns (e.g., asthma, allergies, seizures, etc.)? Yes No	If yes, please explain.
Has your child had or currently have a diagnosed syndrome? Yes No	If yes, please list the diagnosis (es).
Does your child take medication on a regular basis? Yes No	If yes, please list the medication (s) and explain.
Has your child had or currently have a motor coordination/mobility issue? Yes No	If yes, does your child receive occupational or physical therapy services? Yes No
Has your child previously had or currently have adaptive or medical needs (e.g., eye glasses, wheelchair, hearing aids, leg braces, inhaler, adaptive equipment, etc.)? Yes No	If yes, please explain.
Has your child previously had or currently have any other significant issues not covered in the previous questions (e.g., sleep problems)? Yes No	If yes, please explain.

Developmental History Information

About what age did each of these occur?

_____Crawled	_____Sat Alone
_____Walked Alone	_____Toilet trained during the day
_____Attended to Sound	_____Spoke First Words

_____Stood Alone	Add any additional comments needed. **(Please use the back of this sheet as needed).**
_____Toilet trained During the night	
_____Spoke in Sentences	

Child's Name:_____

Communication/Language Information:

Does the child have communication needs (i.e., has noticeable sound errors, difficulty with vocabulary terms, difficulty delivering and/or understanding messages, stutters, etc.? Yes No	If yes, please describe your child's communication strength (s), weakness (es), and need(s).
Are family members able to easily understand the child without having messages repeated or clarified? Yes No	Are strangers able to easily understand the child without having messages repeated or clarified? Yes No
Have your child's communication skills impacted him/her academically (struggles to get messages delivered, has difficulty with language use, needs clarification of terms etc.)? Yes No If so, please explain.	Have your child's communication skills impacted him/her socially (i.e., embarrassed about his/her speech, gets frustrated, struggles to get messages understood, shy, allows others to speak for them, etc.?) If so, please explain how.

(Please use below and/or the back of this sheet as needed).

Adaptive Skill Information

Does the child follow health and safety practices in the community (e.g., looks before crossing streets, follows safety rules at the park or when outside, shows caution around dangerous items, etc.?) Yes No	If no, please explain.
Does the child have self-help skills (e.g., dresses self, blows/wipes own nose with tissue, brushes own teeth, uses the restroom w/out help, etc.)? Yes No	If no, please explain.
Does the child have adequate social skills (e.g. has one or more friends, says "thank you", is kind to peers and animals, laughs at appropriate	If no, please explain.

comments, respects the property/space of others, is respectful of others needs/differences, plays with toys appropriately, waits for turns, etc.)? Yes No	

Social/Emotional/Behavior Information

Please check the following behaviors that best describe your child:

_____ Makes friends easily	____Often sad or depressed
_____ Demands excessive attention	____Cruel to animals
_____ Responds with inappropriate comments	____Quick to anger
_____ Has difficulty "letting go" of thoughts or events	____Frequently cries
_____ Worried or is often stressed	____Has good family relationships
_____ Doesn't tell the truth, blames others	____Can calm self down when frustrated
_____ Is cooperative	____Tries to control others
____ Difficulty with self-control	____Starts fires
____ Easily frustrated	____Lacks confidence
____Acts kindly to peers, adults, and animals	____Acts younger than children of the same age
_____Follows established rules/guidelines	____Can be trusted
_____Is aggressive	____Feels happy with self

Parent Concerns:

Child's Name:_____

Please list the problems that your child is currently exhibiting: _____ _____ _____ _____	 _____ _____ _____ _____
Have your child's thoughts about academic learning and social skill(s) impacted him/her (i.e., feels bad about lack of success, is aware of an academic weakness, thinks he/she can't do things as well as others, or does not seem bothered by difficulties, etc)? Yes No	If yes, how and what do you tell your child when he/she talks about school and social related problems?

Child's Name:_____

What would you like your child to be able to do?	What do you hope to gain from this evaluation?

(Please use the back of this sheet as needed)

Person completing this form: _____Relationship to child: _____