1801 North Meridian Road, Suite C
Tallahassee, FL 32303

Children's Psychological Services Center, Inc.

(850) 273-8091

Holly S. Dickinson, Ed.S.
Licensed School Psychologist
Florida License – SS 621

I, _____, request that my child, _____, be evaluated by Holly S. Dickinson/Children's Psychological Services Center, Inc. I will provide information regarding my child's social and developmental history on forms provided. The evaluation will consist of the administration of a test of intelligence/ability. Following the evaluation, I will receive verbal feedback as well as a written report of the assessment and findings. While evaluations reports will not be released to a third party, I understand that I have the option to share a copy of the report and information from the evaluation with any outside agency at my discretion. The fee for the evaluation is $300.00, which will be paid at the time of the evaluation.

By signing below, I give my consent for the evaluation to take place at this time.

_____
Parent/Legal Guardian Printed Name

_____ _____
Parent/Legal Guardian Signature Date

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SOCIAL-DEVELOPMENTAL HISTORY QUESTIONNAIRE

I. GENERAL INFORMATION

Child's full name_____ DOB_____ Age_____

School Attending:_____Grade_____

Classroom teacher_____

Current Address: _____

Person providing information: _____

Parent Email address: _____

Relationship to child_____

Who does child live with: □ both parents □ mother □ father □ other (specify) _____

Biological father_____ Occupation_____ Years education: _____

Father's home phone_____ Work #_____ Cell #_____

Biological mother_____ Occupation_____ Years education: _____

Mother's home phone _____ Work #_____ Cell #_____

If applicable: Guardian's name_____ Occupation _____Years education_____

Guardian's home phone _____ Work #_____Cell # _____

Please list all people in child's immediate family:_____

_____

Name Relationship to child Age / Grade Living in house?_____

_____

Please list all other *non-family* members who live in household:_____

_____

Name Relationship to child/family How long has lived in household?_____

_____

Language(s) spoken at home _____

Primary Language at home_____

Please list all locations (city, state) that your child has lived (use back of page, if needed):

1. Birthplace _____ Moved at age_____grade_____

_____

2. _____ Moved at age_____grade_____

_____

3. _____ Moved at age_____grade_____

_____

4. _____ Moved at age_____grade_____

Are biological parents of child currently: □ married □ separated □divorced □ never married

• If separated or divorced, who has *legal* custody? □ mother □ father □ other (specify): _____

What do you feel are your child's…

Strengths _____

B. Health

Describe the state of your child's current health: □ Excellent □ Good □ Fair □ Poor

Is your child currently taking any medication? □Yes □ No

If yes, please list medications and uses: _____

Has your child ever been identified as having a disability? □Yes □ No

If so, by whom, what age, & what disability? _____

Has your child ever received psychological counseling? □Yes □ No

If so, by whom (professional/agency) and when: _____

Has your child ever participated in therapy services from a private entity? (i.e., speech, occupational, physical, vision therapy, etc)? □Yes □ No

If so, by whom (professional/agency) and when: _____

Has your child had any of the following? Please check all that apply.	Please describe and give details, dates, and/or age of onset
□ Serious Illnesses	
□ Head Injuries	
□ Seizures or convulsions	
□ Surgery/Hospitalization	
□ History of Ear Infections	
□ Allergies and/or Asthma	
□ Vision Problems	
□ Hearing Problems	
□ Frequent Nightmares and/or Bedwetting	
□ Other health problem	

IV. Educational History

How does your child feel about school? _____

How motivated do you feel your child is to learn? _____

About how much time does your child spend on homework each night? _____

Does your child receive special school services (IEP, 504 plan)? □ Yes □ No

Below, please list schools attended and describe your child's academic and/or behavioral performance:

Preschool/Daycare _____

_____

Elementary School _____

_____

Middle School _____

_____

High School _____

_____