STUDENT HISTORY AND PARENT INPUT

Student's Name:_____ Current Date:_____
Date of Birth:_____ Age:_____ Grade:_____
Primary Teacher:_____ School:_____
Parents/Guardians:_____ Home Phone:_____

Developmental Concerns:

- Has your child experienced any fine-motor problems (such as difficulty writing or drawing)?
  YES NO
- Has your child experienced any large-motor problems (such as riding a bike, running, or walking)?
  YES NO

Behavior/Personality:

Please describe your child in terms of the following traits:

- How active is your child?:_____
- How well does your child pay attention?:_____
- How well does your child deal with change?:_____
- How well does your child respond to new people and places?:_____
- What is your child's typical mood? (happy, sad, quickly changes, etc.):
  _____
- Does your child have predictable sleep patterns, energy levels, appetite, etc.?:
  _____
  _____

Medical/Physical:

- Does your child have a medical diagnosis? YES NO
  If yes, who made the diagnosis? _____
  What was the diagnosis? _____
  Date of diagnosis? _____
- Is your child currently taking any medications?: YES NO
  If yes, what medication(s)?: _____
- Please list the names and dates of previous medications: _____
  _____
- Does your child have any physical disabilities?: YES NO
  If yes, please describe: _____
  _____
- Has your child ever been seriously ill or injured? YES NO
  If yes, please describe: _____
  _____
- Has your child experienced difficulty with hearing?: YES NO
  If yes, was hearing tested? YES NO
  If yes, what were the results?: _____
- Has your child had a history (more than 3) of ear infections?: YES NO
  Tubes in ears? YES NO Approximate ages?: _____

- Has your child experienced vision problems?: YES NO
  If yes, was vision tested? YES NO
  If yes, what were the results?: _____
  Does your child wear glasses or contacts? YES NO

- Please describe any important medical issues or information:_____

_____

_____

School Concerns:
Schools Attended in the past:
Dates: _____-_____Location: _____Grade: _____Comments: _____
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Dates: _____-_____Location: _____Grade: _____Comments: _____

Has your child ever received Special Education supports? YES/ NO
If Yes Where and When? :
Dates: _____Grade: _____ Location: _____
What area of eligibility was student served under?

_____

_____

Does your child exhibit the following behaviors at school?

	yes	no		yes	no
Shouting Out			Pays Attention		
Impulsivity			Good Effort		
Poor Study Skills			Problems with Peers		
Distractibility			Completes Homework		
Temper Tantrums			Understands Homework		
Takes Turns			Sits Still		
Is Organized			Good Memory		
Good Handwriting			Can Finish Work In Time Given		

Please list any academic concerns (reading, writing, math, general understanding, etc.):

_____

_____

_____

How long has your son/daughter struggled academically?: _____

_____

Please specify any concerns you have about your child's progress in the following areas:

- Health: _____
- Behavior: _____
- Noncompliance: _____
- Attitude: _____
- Participating in Family Activities: _____
- Other: _____

Please specify what has been tried in the areas of concern:

- Parent-School Contacts: _____
- Tutoring or Summer School: _____

- Counseling or Psychological Services (please describe and list names and agencies involved): _____
  _____
- Other Interventions: _____
  _____

Other Information:
Please describe your child's strengths and attributes (What is he or she good at): __
_____
_____
_____
_____

Please describe your child's likes and dislikes, favorite activities, etc.: _____
_____
_____
_____
_____

Please describe your child's social contacts; do they have positive relationships in and out of school with peers? What challenges may prevent positive peer interactions?:
_____
_____
_____
_____

Have there been any recent changes in the home/family? : _____
_____

Relevant family stressors (deaths, moving, divorce, financial hardship, sickness):
_____
_____
_____

Does your child use or in the past used drugs or alcohol?
_____
_____
_____
_____

Is there any Drug or Alcohol use in the home?
_____
_____
_____

Is there any additional information you would like the school to know?:
_____
_____
_____
_____

Signature of person completing this form: _____
Relationship to the student: _____