

Information from Parents

Name _____ SSN _____ Medicaid # _____
 School _____ Grade _____ DOB _____
 Address _____ Phone # _____ Emergency # _____

Parents were contacted by Letter Telephone Conference
 Parents were contacted by _____ on _____
(School staff) (Date)

Family

With whom does the student live?
Who has legal authority to make educational decisions for this child?

Primary language spoken in the home _____ Other languages spoken _____

Father's name	Age	Occupation	Mother's name	Age	Occupation
Father's employer	Work phone number		Mother's employer	Work phone number	
Father's highest grade completed:			Mother's highest grade completed:		
Father's learning, attention, behavior, or medical problems? If so, please specify.			Mother's learning, attention, behavior, or medical problems? If so, please specify.		
Other children in the home	Age	Relationship	Other adults in the home	Age	Relationship

Have any of your blood relatives experienced problems similar to those your child is experiencing? Yes No
 If yes, please describe:

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Child Behaviors

What are some of your child's strengths?

Do you feel that your child is experiencing problems in school? What kind of problems?

When were you first aware of the problem?

What do you think is causing the problem?

Has your child mentioned problems with school? How does he/she feel about the problem?

Please describe your child's behavior at home. (For example, is he/she generally well-behaved? Have there been any recent changes in behavior? How does he/she get along with other family members, neighbors, and friends?)

What does your child do when not in school? (For example, watch TV, read, do chores, work at part-time job, play with other children.)

What activities does the family do together? (For example, watch TV, go camping, participate in hobbies, sports.)

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What methods of discipline are used with your child at home? (For example, spanking, extra chores, early bedtime, removal of TV and other privileges, rewards for good behavior.)

What is your child's reaction to discipline?

Have there been any important changes within the family? (For example, parent job changes, moves, births, deaths, illnesses, accidents, separations, divorce, remarriage, abuse incidents.)

Briefly discuss any other important information about your child.

Health and Developmental History

Were there any problems before, during, or immediately after birth? Yes No
If yes, please explain.

Compared with other children in the family, the child's development has been:
 slower about the same faster

Describe any problems during infancy or early childhood with feeding, sleeping, or other areas such as difficulty being comforted, excessive restlessness or irritability, colicky, etc.

Circle below the characteristics of your child's temperament when he/she was an infant and a toddler.

Activity level	Low	Average	High
Attention level	Low	Average	High
Adaptability—Dealing with changes	Poor	Good	Very good
Approach/withdrawal—Responding to new things (e.g., places, people, food, etc.)	Poor	Good	Very good
Mood—What was your child's basic mood?	Unhappy	Average	Very happy
Regularity—How predictable was your child in patterns of sleep, appetite, etc.?	Not predictable	Somewhat predictable	Very predictable

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Briefly describe any childhood illnesses (e.g., measles, chicken pox, chronic ear infections, allergies, high fevers, or seizures), accidents (e.g., head injury, broken bones, stitches), and hospitalizations. Please give your child's age at the time of illness, accident, or hospitalization.

Is your child under the care of a physician for a medical problem? Yes No If yes, please explain.

Please indicate the date and results of your child's latest physical examination.

Is your child now taking medicine? Yes No If yes, please describe reason for medication, type, dosage, and effect and side effects the medicine might have.

Has your child ever taken medicine for a long period of time? Yes No If yes, please explain the reasons and effect.

Does your child use any special equipment or technology to improve functioning? Yes No If yes, please explain.

Is your child receiving services from another agency (e.g., tutoring, counseling, probation monitoring, etc.)? Yes No If yes, please explain.

Has your child ever been evaluated before for neurological, psychological, psychiatric, speech language, learning, hearing, vision, or physical problems in the past? Yes No If yes, please explain and indicate dates of assessments.

Would you be interested in parent training? Yes No If yes, in what areas?

Signature

Date