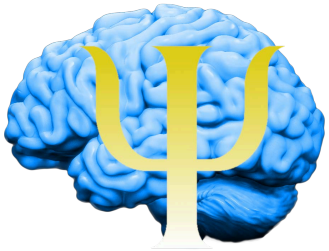

Winchester Psychological Assessment, LLC

Child Neuropsychological History

Please complete the following form as accurately as possible as it is an important component of your child's evaluation. Components of this questionnaire may not apply to your child, in which case it is acceptable to leave those portions blank or write N/A (not applicable). If necessary, please use additional pages to explain your child's history or presentation.

Client Information

Child's Name _____ Today's Date _____

Gender _____ Age _____ Birthdate _____

Home Address _____

Ethnic/Racial Background _____ Religion _____

Primary Language _____ Handedness (circle): Right Left Ambidextrous

Established Diagnoses _____

Respondent's Information

Name _____ Relationship to Child _____

Home Address _____

Home Phone _____ Cell Phone _____

Referral Information

Who referred your child for an evaluation? _____

From (Institute or Affiliation): _____

Briefly describe what concerns have led you to seek an evaluation _____

_____

_____

What questions would you like to have answered?

1) _____
2) _____
3) _____

What types of interventions/accommodations have been attempted to date? _____

PROBLEM CHECKLIST

Report all problems that apply by checking the **OLD** or **NEW** problem box. Rate the severity of any checked item from 0 to 5 using the scale in each section. Compare your child to children of the same age.

First, complete the following guide about how you will use each description:

The ***OLD*** description	The ***NEW*** description
☐ The problem existed **before** a recent illness/injury	☐ The problem began **after** a recent illness or injury
☐ The problem began **more than 1 year ago**	☐ The problem began **within the last year**

1. **Problem Solving**

0= Not Present 1= Mild 2= Mild to Moderate 3= Moderate 4= Moderate to Severe 5= Severe

OLD	NEW	Rate	Child has difficulty….
☐	☐		Learning new or complex activities or concepts
☐	☐		With organizing activities, schoolwork, or personal items
☐	☐		Solving problems in an organized and coherent fashion
☐	☐		Understanding explanations
☐	☐		Benefiting from experience (making the same error repeatedly)
☐	☐		Switching from one activity to another (transitions)
☐	☐		Varying play/recreational activities, or varying problem solving strategies (inflexibility)
☐	☐		Completing activities in a reasonable period of time, or understanding time constraints
☐	☐		Making decisions
☐	☐		Planning ahead
☐	☐		Doing things in the correct order (sequencing)
☐	☐		Describing the steps involved in completing an activity or solving a problem
☐	☐		Becoming quickly frustrated and giving up easily (frustration-tolerance)
☐	☐		Other:

In new situations, the child tends to learn by: ☐ talking a lot ☐ listening and observing ☐ touching/handling

2. **Language**			**0= Not Present 1= Mild 2= Mild to Moderate 3= Moderate 4= Moderate to Severe 5= Severe**
OLD	**NEW**	**Rate**	
☐	☐		Articulation: ☐ omits sounds ☐ substitutes sounds ☐ distorts sounds ☐ mixes sequences (e.g. 'aminal')
☐	☐		Fluency: ☐ difficulty finding the right word to say ☐ slow, labored speech ☐ limited amount of speech
☐	☐		Speaks in a monotone (very little emotion or variability in speech)
☐	☐		Talks much more than average
☐	☐		Talks in an odd manner
☐	☐		Jumps between topics or rambles
☐	☐		Odd or unusual language or vocal sounds
☐	☐		Difficulty understanding what others are saying
☐	☐		Difficulty understanding what they are reading
☐	☐		Difficulty understanding sarcasm or metaphors
☐	☐		Other:

3 **School Skills**			**Rate each skill as compared to other children the same age**
Poor	**Average**	**Strong**	
☐	☐	☐	Reading letters or words
☐	☐	☐	Reading comprehension
☐	☐	☐	Writing letters (correct form, proper orientation)
☐	☐	☐	Written expression (forming ideas, organization, grammar, etc)
☐	☐	☐	Spelling
☐	☐	☐	Math - Difficulty with: ☐ written math ☐ mental calculations ☐ word problems
☐	Needs more time than other children to complete school work *Does your child receive extended time in school? YES NO*		
☐	Difficulty with homework:		
☐	Other school problems:		
Difficulty with school seemed to begin at age/grade:			

4. **Memory & Learning**			**0= Not Present 1= Mild 2= Mild to Moderate 3= Moderate 4= Moderate to Severe 5= Severe**
OLD	**NEW**	**Rate**	**Frequently forgets….**
☐	☐		Where they leave toys, schoolwork, or other objects
☐	☐		What happened recently (e.g. prior meal)
☐	☐		What happened days/weeks ago
☐	☐		School assignments
☐	☐		What they have been told recently
☐	☐		What they are supposed to be doing
☐	☐		Other:
☐ Can recognize something, even if they cannot freely recall it			
Since a recent accident, child has difficulty: ☐ recalling events before the accident ☐ recalling new events			

5. **Nonverbal Skills**			**0= Not Present 1= Mild 2= Mild to Moderate 3= Moderate 4= Moderate to Severe 5= Severe**
OLD	**NEW**	**Rate**	
☐	☐		Difficulty with puzzles, Legos, blocks, or similar games
☐	☐		Confusion with direction (left/right) or orientation (back/front; up/down)
☐	☐		Problems drawing or copying
☐	☐		Does not reliably identify colors [☐ is color blind]
☐	☐		Difficulty recognizing objects or people they should know
☐	☐		Difficulty with dressing (e.g. tying shoes, using a zipper) that is not due to a physical disability
☐	☐		Seems unable to recognize nonverbal cues of others (facial or body expressions)
☐	☐		Gets lost easily, even on familiar routes
☐	☐		Other:
Child is better with: ☐ language (vs. hands-on activities) ☐ hands-on activities (vs. language)			

6. **Motor Coordination**			**0= Not Present 1= Mild 2= Mild to Moderate 3= Moderate 4= Moderate to Severe 5= Severe**		
OLD	**NEW**	**Rate**		**Left side**	**Right Side**
☐	☐		Muscle weakness or paralysis	☐	☐
☐	☐		Muscle tightness or spasticity	☐	☐
☐	☐		Tremor	☐	☐
☐	☐		Drops things more often than most children	☐	☐
☐	☐		Poor fine motor skills (e.g. trouble using a pencil, scissors)	☐	☐

☐	☐		Clumsy or awkward	☐	☐
☐	☐		Walking (gait) problems	☐	☐
☐	☐		Odd movements (posturing, peculiar hand movements, etc.)		
☐	☐		Involuntary or repetitive movements ☐ eye/facial ☐ vocal ☐ limbs ☐ body		
☐	☐		Oral (mouth) motor problems		
☐	☐		Problems with balance		
☐	☐		Other:		

7. **Sensory**

0= Not Present 1= Mild 2= Mild to Moderate 3= Moderate 4= Moderate to Severe 5= Severe

OLD	NEW	Rate		Left side	Right Side
☐	☐		Vision problems	☐	☐
☐	☐		Hearing problems	☐	☐
☐	☐		Loss of feeling on skin	☐	☐
☐	☐		Difficulty smelling or tasting foods		
☐	☐		Overly sensitive to ☐ touch ☐ light ☐ sound		
☐	☐		Other:		

8. **Physical**

0= Not Present 1= Mild 2= Mild to Moderate 3= Moderate 4= Moderate to Severe 5= Severe

OLD	NEW	Rate	
☐	☐		Frequently complains of headaches or nausea
☐	☐		Has dizzy spells
☐	☐		Excessive tiredness
☐	☐		Frequent urination
☐	☐		Excessive thirst
☐	☐		Other:

9. **Social**

0= Not Present 1= Mild 2= Mild to Moderate 3= Moderate 4= Moderate to Severe 5= Severe

OLD	NEW	Rate	
☐	☐		Difficulty getting along with classmates
☐	☐		Problems making and/or keeping friends
☐	☐		Bullying peers
☐	☐		The victim of bullying
☐	☐		Other:

10. **Behavior**

0= Not Present 1= Mild 2= Mild to Moderate 3= Moderate 4= Moderate to Severe 5= Severe

OLD	NEW	Rate		OLD	NEW	Rate	
☐	☐		Bedwetting	☐	☐		Low self-esteem
☐	☐		Daytime toilet issues	☐	☐		Attached to things, not people
☐	☐		Dependent for age	☐	☐		Withdrawn (solitary) play
☐	☐		Depressed	☐	☐		Difficulty falling/staying asleep
☐	☐		Unmotivated	☐	☐		Nightmares/ Sleepwalking
☐	☐		Anorexia/ Binge eating	☐	☐		Poor social skills
☐	☐		Emotional	☐	☐		Impulsive / disinhibited
☐	☐		Fearful or nervous	☐	☐		Unemotional
☐	☐		Immature for age	☐	☐		Uninterested in people
☐	☐		Engages in risky (dangerous) behaviors	☐	☐		Fears/phobias
☐	☐		Engages in repetitive behaviors	☐	☐		Other:

☐	☐	Engages in self-mutilating or stimulating behavior	(explain):
☐	☐	Makes suicidal acts or statements	(explain):
☐	☐	Has unusual/bizarre beliefs or behaviors	(explain):
☐	☐	Demonstrates inappropriate sexual behaviors	(explain):

☐ aggressive towards people or animals	☐ destructive towards items/materials	☐ ignores rules/ rebellious	☐ engages in fire-setting
☐ steals	☐ significant anger	☐ lies excessively	☐ runs away

☐ legal problems (explain) :

☐ suspected or confirmed alcohol/drug use (explain):

☐ child's behavior has recently changed (explain) :

☐ behavior varies by setting (e.g. different at home versus school): (explain) :

11. **Attention**			**0= Not Present 1= Mild 2= Mild to Moderate 3= Moderate 4= Moderate to Severe 5= Severe**
OLD	**NEW**	**Rate**	
☐	☐		Mind appears to go blank at times, or loses train of thought
☐	☐		Difficulty paying attention ☐ in class ☐ at home ☐ with peers
☐	☐		Attention starts out OK, but cannot sustain it
☐ Attentional problems improve with some activities (e.g. better with TV or video games than when required to listen in class)			
Problems with attention seemed to start around age:			
Child seems: ☐ inattentive *and* hyperactive ☐ inattentive but not hyperactive			

12. **Please check what, if any, of the following behaviors your child displays more than same-aged peers *and* have been present for at least the past 6 months:**

Mild	**Moderate**	**Severe**	
☐	☐	☐	Inattentive to details or makes careless mistakes
☐	☐	☐	Difficulty sustaining attention over time in schoolwork or play
☐	☐	☐	Does not seem to listen when spoken to
☐	☐	☐	Does not follow through on instructions and fails to complete schoolwork or other activities
☐	☐	☐	Difficulty organizing activities
☐	☐	☐	Avoids or dislikes activities that require a lot of mental effort (e.g. schoolwork, homework)
☐	☐	☐	Loses things necessary for tasks at home or school
☐	☐	☐	Easily distracted by: ☐ sights ☐ sounds ☐ physical sensations
☐	☐	☐	Forgetful in daily activities
☐	☐	☐	Fidgety or restless when seated (e.g. taps hands or feet)
☐	☐	☐	Leaves seat in classroom or other situations that require them to remain seated
☐	☐	☐	Runs or climbs when it is inappropriate to do so, or feels very restless
☐	☐	☐	Difficulty playing quietly
☐	☐	☐	Always moving or acts as if driven by a motor
☐	☐	☐	Talks excessively
☐	☐	☐	Blurts out answers before questions are completed
☐	☐	☐	Difficulty waiting their turn in class or games
☐	☐	☐	Interrupts or intrudes on others frequently
Overall, most of the noted problems developed…			☐ gradually ☐ < in between > ☐ quickly
Most of the noted problems occur…			☐ occasionally ☐ < in between > ☐ often
Compared to same-aged peers, child has…			☐ few problems ☐ < in between > ☐ more problems

PREGNANCY

(☐ pregnancy information is unknown)

How often did the mother see the doctor during her pregnancy with this child?

☐ As scheduled by the doctor ☐ Rarely ☐ Not at all ☐ Was unaware of this pregnancy for a long time

List all **medications** the mother took (prescribed and over the counter):

1-2 months *before* this pregnancy ☐ none	***During* this pregnancy** ☐ none

During the pregnancy, which of the following did the mother use?

	Describe pattern of use…
☐ None of the below	
☐ Alcohol	
☐ Caffeine (coffee, tea, etc.)	
☐ Recreational drugs (marijuana, cocaine, etc)	
☐ Tobacco	
☐ Other (describe)	

Check all conditions the mother experienced during her pregnancy.

	Describe any checked items
☐ None of the below	
☐ Accident	
☐ Anemia	
☐ Bleeding (severe or frequent spotting)	
☐ Diabetes	
☐ High blood pressure	
☐ Illness	
☐ Preeclampsia, Eclampsia, or Toxemia	
☐ Surgery	
☐ Vomiting (severe or frequent)	
☐ Psychological Problems or stress	
☐ Other	

The mother's **overall physical health** during pregnancy: ☐ Good ☐ Poor (*explain* _____)

BIRTH

(☐ information is unknown)

The child was born: ☐ Early (_____ weeks) ☐ On time (38-42 weeks) ☐ Late (_____ weeks)

Birth weight _____ Length _____

Labor lasted _____ Labor was: ☐ Easy ☐ Moderately Difficult ☐ Very Difficult

During Delivery: ☐ Forceps were used ☐ Head was suctioned ☐ Other: _____

Baby was born: ☐ Vaginally [☐ head first ☐ transverse (crosswise) ☐ Rear first ☐ Breech]

☐ Caesarean Section [☐ Emergency ☐ Planned]

Problems with labor/delivery _____

Check all that occurred around the time of birth	**After birth, the child had the following conditions**
☐ Fetal Distress	☐ Appeared inactive
☐ Low placenta blocking fetal exit (Placenta Previa)	☐ Bleeding into brain
☐ Premature placenta separation (Abruptio placenta)	☐ Blue baby (oxygen deficiency)
☐ Cord came out before baby (Prolapsed umbilical cord)	☐ Breathing difficulties [☐ required intubation]
☐ Abnormally *slow* fetal heart beat (bradycardia)	☐ Congenital defect
☐ Abnormally *fast* fetal heart beat (tachycardia)	☐ Heart disease or defect
☐ Cord wrapped around neck	☐ Hydrocephalus
☐ Other:	☐ Hypoglycemia
	☐ Infection
	☐ Large head or ☐ Small head
	☐ Metabolic disorder
	☐ Nursing or feeding problems
	☐ Physical abnormality
	☐ Seizure
	☐ Skin color abnormality ☐ Jaundice ☐ Other
	☐ Small or ☐ Large for gestational (birth) age
	☐ Born addicted/exposed to alcohol or drugs
	☐ Other:

The baby….	Describe
☐ had medical problems in the days following birth	
☐ was provided with special equipment	
☐ was transferred to a special unit or service	

How long did the baby stay in the hospital? _____

How many pregnancies before this child _____ How many were live births _____

DEVELOPMENT

Please indicate when your child began the following tasks. For **Early** or **Late**, write in age (if known).

	Early	Average	Late	Compared to Siblings		
Motor Skills						
Crawled	☐	☐ 6-9 mos	☐	☐ Early	☐ Same	☐ Late
Walked alone (2-3 steps)	☐	☐ 9-18 mos	☐	☐ Early	☐ Same	☐ Late
Pick up small objects with thumb and one finger	☐	☐ 1 – 2 years	☐	☐ Early	☐ Same	☐ Late
Hold a crayon with thumb and fingers/ make snips with scissors	☐	☐ 2-3 years	☐	☐ Early	☐ Same	☐ Late
Language Skills						
Followed simple commands	☐	☐ 12-18 mos	☐	☐ Early	☐ Same	☐ Late
Said several single	☐	☐ 12-18 mos	☐	☐ Early	☐ Same	☐ Late
Used simple sentences	☐	☐ 18-30 mos	☐	☐ Early	☐ Same	☐ Late
Self-Help Skills						
Toilet trained	☐	☐ 2-3 yrs	☐	☐ Early	☐ Same	☐ Late
☐ *cannot toilet independently due to physical problem*						
Overall Development	☐	☐	☐	☐ Early	☐ Same	☐ Late

Describe any significant **developmental problems**: [☐ there were none] _____

_____

_____

Describe the child's **muscle control** as an infant in each of the four areas:

Neck and Head ☐ OK ☐ Tight ☐ Weak or loose	**Legs** ☐ OK ☐ Tight ☐ Weak or loose
Arms ☐ OK ☐ Tight ☐ Weak or loose	**Trunk** ☐ OK ☐ Tight ☐ Weak or loose

As a baby, the child: ☐ had GE reflux ☐ was diagnosed as Failure-to- Thrive ☐ was fed through a tube

The baby's appetite was: ☐ good, ate well ☐ poor

The baby's growth was: ☐ good, grew nicely ☐ poor, failed to gain weight as expected

Describe the child's **early temperament** (up to approximately age 5):

		in-between	
Physical activity level	low activity level ☐	☐	☐ high activity level
Sleeping & eating schedule	regular & predictable ☐	☐	☐ irregular and unpredictable
Unfamiliar situations	Inhibited, cautious ☐	☐	☐ disinhibited, spontaneous
Concentration	concentrated well ☐	☐	☐ very distractible
Social	very shy, timid ☐	☐	☐ very friendly
Persistence with activities	stayed with activities ☐	☐	☐ gave up quickly
Sensitivity to environment	sensitive/ easily aroused ☐	☐	☐ not sensitive
Intensity	calm, even tempered ☐	☐	☐ overreacted, emotional
Mood	happy ☐	☐	☐ irritable or unhappy

MEDICAL & HEALTH HISTORY

Pediatrician: _____ Phone: _____

When was your child's last check-up _____

Findings _____

Overall, the child has been sick: ☐ Not much at all ☐ An average amount ☐ Much of the time

Currently, they complain of: ☐ Headaches ☐ Stomachaches ☐ Nausea ☐ Vague Symptoms

Check all of the following that have applied to your child:

☐ AIDS, ARC, or HIV+	☐ Cancer	☐ Meningitis	☐ Metabolic disorder
☐ Allergies	☐ Cerebral Palsy	☐ Kidney disorder	☐ Mumps
☐ Anemia	☐ Colds (excessive)	☐ Learning disability	☐ Oxygen deprivation
☐ Apnea	☐ Diabetes	☐ Leukemia	☐ Rheumatic Fever
☐ Asthma	☐ Encephalitis	☐ Liver disorder	☐ Scarlet fever
☐ Blood disorder	☐ Enzyme deficiency	☐ Lung disorder	☐ Spina bifida
☐ BPD	☐ Genetic disorder	☐ Measles	☐ Venereal Disease
☐ Brain disorder	☐ Heart disorder/defect	☐ Immune system disorder	☐ Whooping cough
☐ Chicken Pox	☐ Jaundice	☐ Pneumonia	☐ Broken bones
☐ Other:			

☐ The child has a **history of being abused or neglected**, or has witnessed **domestic violence**. Explain.

_____

_____

_____

_____

Has DCF (or similar services) been involved? Explain. _____

_____

_____

Medication History Please list all medications your child is currently prescribed, along with any medications that have been tried in the past. (Additional page available at end of form, if needed).

Medication	Dosage/ Frequency	To Treat…	Dates	Side-Effects/ Degree of Benefit

Have they had a very bad reaction or negative side-effect to a medication? Explain. _____

_____

Has your child swallowed a poison or drug accidentally? Describe age and circumstance. _____

What is the child's current **height**: _____ **weight**: _____

Child: ☐ wears glasses [☐ farsighted ☐ nearsighted ☐ other:_____]
☐ uses hearing aid [☐ right ear ☐ left ear]
☐ uses other aids _____

The child has had approximately _____ **ear infections** from ages _____ to _____
Treatments provided: ☐ antibiotics ☐ drainage tubes [age _____] ☐ Other _____

☐ The child has a physical abnormality or unusual physical trait _____

Seizures: ☐ The child has *not* suffered a seizure ☐ The child has epilepsy or has had a seizure, if checked please complete below.

Partial:	☐ Simple ☐ Complex (with unconsciousness) ☐ Partial evolving into generalized
Generalized:	☐ Absence (Petit mal) ☐ Myoclonic ☐ Clonic ☐ Tonic ☐ Tonic-Clonic (Grand mal) ☐ Atonic
Other:	☐ Unclassified type ☐ Febrile (fever) seizure ☐ 30 minute seizure ☐ Seizure from unknown cause
Describe any physical/behavioral symptoms:	
Diagnosed with epilepsy at age:	How often do seizures occur:
Last seizure occurred:	
About how many total seizures have they had?	
What medications are they on now for seizures?	
What medications have they tried previously?	

The child has…	**Describe** (age, circumstance, treatment, problems afterwards)
☐ suffered a head injury	
☐ lost consciousness	
☐ been in a coma	
☐ had a temperature over 104° F for more than a few hours	

☐ The child has been **hospitalized for medical issues** (illnesses, injuries, accidents, and operations).

Age	Reason

Previous Evaluations and Services Please check the tests/evaluations that have been completed as well as any services your child has received.

	Date(s)	With Whom, Results/Diagnosis, and Treatment
☐ No tests have been done		
☐ Blood Work		
☐ CT Scan		
☐ EEG		
☐ MRI or PET		
☐ Neurologist's exam		
☐ Genetic Testing		
☐ Hearing Testing		
☐ Vision Testing		
☐ Birth-to-Three or Head Start		
☐ Occupational Therapy		
☐ Physical Therapy		
☐ Speech/Language		
☐ School Testing		
☐ Other		
☐ Psychiatric		
☐ Psychological/Neuropsychological (e.g. outpatient, inpatient, residential services as well as evaluations)		

Family Information & History

Parent/Guardian Information:

Mother's Name _____ Age _____

☐ Biological ☐ Adoptive ☐ Step ☐ Other _____

Home Phone _____ Cell Phone _____

Occupation _____ Highest Grade Completed _____

If stay-at-home mother, occupation prior to children _____

Major Health Problems? _____

Lives with the child? ☐ Yes ☐ No *If no, explain* _____

Father's Name _____ Age _____

☐ Biological ☐ Adoptive ☐ Step ☐ Other _____

Home Phone _____ Cell Phone _____

Occupation _____ Highest Grade Completed _____

If stay-at-home father, occupation prior to children _____

Major Health Problems? _____

Lives with the child? ☐ Yes ☐ No *If no, explain* _____

Marital Status of Parents

☐ Married, living together ☐ Unmarried, living together ☐ Separated ☐ Divorced

☐ Never married, living apart ☐ Other _____

If **separated or divorced**, how old was the child when the separation occurred? _____

What was the child's response to the separation? _____

_____

If divorced, please describe the legal/custody arrangements _____

_____

The child has been **raised by**:

☐ Biological mother ☐ Biological father ☐ Biological relatives

☐ Step-mother ☐ Step-father ☐ Adoptive parents

☐ Foster parents ☐ Institutional care ☐ Other: _____

If not raised by biological parents, please describe the circumstances and age(s) of other placements:

_____

_____

Please list the age and sex of **siblings** (including step- and half-siblings). ☐ No siblings

	Age & Sex of Siblings					
	Child 1:	Child 2:	Child 3:	Child 4:	Child 5:	Child 6:
Lives in Primary Residence with Child:						

Major family stressors or changes in the past year include: ☐ None

☐ Marital problems/conflict	☐ Divorce	☐ Family relocation
☐ Change of schools for this child	☐ Legal problems	☐ Parent job problems or change
☐ Significant illness accident, or death of family member. Explain.		
☐ Significant illness or accident of this client. Explain		
☐ Other:		
How much stress have these changes caused the child: ☐ None ☐ Mild ☐ Moderate ☐ Severe		

Please check all that exist in the child's **biological family** (parents, siblings, grandparents, aunts, uncles, etc. For extended family, please also note which side of the family). [☐ This information is **unknown**]

	Relative(s) (in relation to child)	**Side of family** Mother's	Father's	**Describe**
☐ Attention problems		☐	☐	
☐ Anxiety		☐	☐	
☐ Autism/Asperger's		☐	☐	
☐ Bipolar Disorder		☐	☐	
☐ Brain or neurological disease		☐	☐	
☐ Depression		☐	☐	
☐ Developmental Delay		☐	☐	
☐ Epilepsy or seizures		☐	☐	
☐ Genetic disorder		☐	☐	
☐ Learning disability		☐	☐	

☐ Intellectual Disability (formerly Mental Retardation)		☐ ☐	
☐ Obsessive Compulsive Disorder		☐ ☐	
☐ Speech/Language disorder		☐ ☐	
☐ Suicidality/Completed Suicide		☐ ☐	
☐ Other		☐ ☐	

Which of the child's biological relatives write or perform many activities with their **left-hand**?

☐ No-one ☐ Mother ☐ Father ☐ Sibling ☐ Grandparent(s)

Languages spoken in the home: _____

How is the child **disciplined**? _____

Check all of your child's usual **recreational activities and hobbies**.

☐ Reading	☐ TV	☐ Video games	☐ Sports	☐ Computer
☐ Collecting items	☐ Art	☐ Listening to music	☐ Playing music	☐ Writing
☐ Playing alone	☐ Playing with Others	☐ Other:		

SCHOOL

Current School _____

Address _____

Grade _____ Years Attended: _____

Type of School: ☐ Public ☐ Private ☐ Parochial ☐ Other: _____

Does your child receive formal **504 Accommodations**? YES NO

What services are they provided? _____

When were they first classified? _____

Does your child currently receive **Special Education Services**? YES NO

What is their Special Education Classification? _____

When were they first classified? _____

☐ Child repeated a grade. Explain. _____

☐ Child skipped a grade. Explain. _____

The child has been in the following classes: ☐ Resource Room ☐ Emotional/Behavioral

☐ LD Class (full time) ☐ LD class (part time) ☐ Advanced instruction ☐ Other

Explain _____

Does your child enjoy school? ☐ All or most of the time ☐ Sometimes ☐ Almost never

In school, your child

☐ Gets along well with others and has friends OR ☐ Does not get along with other kids

☐ Gets along well with the teacher OR ☐ Does not get along with the teacher

Describe any teacher concerns about your child's schoolwork or behavior. _____

_____

_____

The child's **current grades** are (choose the appropriate system):

1) ☐ A & B ☐ B & C ☐ C & D ☐ D & F

2) ☐ 90's ☐ 80's ☐ 70's ☐ 60's ☐ Below 60

3) ☐ Outstanding ☐ Good ☐ Satisfactory ☐ Improvement needed ☐ Unsatisfactory

Compared to previous years, these grades have: ☐ stayed the same ☐ improved ☐ declined

School or extra-curricular activities your child is involved in: _____

_____

In the past year, how much school has your child missed due to illness or injury?

☐ Less than 2 weeks ☐ 2 to 4 weeks ☐ 5 to 8 weeks ☐ More than 8 weeks

Explain _____

Are you currently in dispute with the school? YES NO

Explain: _____

_____

Are you being assisted by an attorney? YES NO

STRENGTHS & COMMENTS

Please describe your child's strengths. Also, you are welcome to add any additional comments, information, or concerns that have not been covered.

Medication History (continued) If you were unable to provide a complete list of your child's current and past medications on page 12, please continue the list below. Thank-you.

Medication	Dosage/ Frequency	To Treat…	Dates	Side-Effects/ Degree of Benefit