

Child's Social Security No. _____

Child's Name _____ Birth Date _____ Sex _____
Last First Middle

Home Address _____
Street City State Zip Code

Home Telephone Number _____ Grade _____

Present Placement of child (please check in appropriate bracket):

Adults with whom child is living

- Natural Mother () _____
- Natural Father () _____
- Stepmother () _____
- Stepfather () _____
- Adoptive Mother () _____
- Adoptive Father () _____
- Foster Parent () _____
- Other (specify) () _____

Name _____ Occupation _____
Last First Business
Employer _____ Address _____
Business Phone _____

Years of Education – Mother

Gr. 8 9 10 11 12 B.A. M.A. Other _____
(Please Circle)

Name _____ Occupation _____
Last First Business
Employer _____ Address _____
Business Phone _____

Years of Education – Father

Gr. 8 9 10 11 12 B.A. M.A. Other _____

Name _____ Occupation _____
Last First Business
Employer _____ Address _____
Business Phone _____

PREGNANCY

Complications: _____ Medications Required: _____
Toxema _____ Bed Rest Required _____
Hospitalization Required _____
Other Illness (es) (specify) _____

DELIVERY

Type of Labor: Spontaneous _____ Induced _____
Complications:
Cord around neck _____ Cord presented first _____ Hemorrhage _____
Infant injured during delivery _____ Other (specify) _____
Birth Weight _____

INFANCY-TODDLER PERIOD

Easily calmed by being held and/or stroked _____
Colic _____ Excessive restlessness _____
Headbanging _____ Constantly into everything _____

DEVELOPMENTAL MILESTONES

If you can recall, record the age at which your child reached the following developmental milestones.

Sat without support _____ Toilet trained, day _____
Crawled _____ Toilet trained, night _____
Walked without assistance _____ Tied shoelaces _____
Spoke first words _____

SCHOOL

Rate your child's school experiences related to academic learning and behavior.

	<u>Good</u>	<u>Average</u>	<u>Poor</u>
Nursery School	_____	_____	_____
Kindergarten	_____	_____	_____
Current Grade	_____	_____	_____

HOME BEHAVIOR

All children exhibit, to some degree, the kinds of behavior listed below. Check those that you believe your child exhibits to an excessive or exaggerated degree when compared to other children his or her age.

Hyperactivity (high activity level) _____ Poor attention span _____
Impulsivity (poor self control) _____ Low frustration threshold _____
Temper outbursts _____ Sloppy table manners _____
Interrupts frequently _____ Doesn't listen when spoken to _____
Sudden outbursts of physical abuse of other children _____

INTERESTS AND ACCOMPLISHMENTS

What are your child's main hobbies and interests? _____

What are your child's areas of greatest accomplishment? _____

What does your child enjoy doing most? _____

What does your child dislike doing most? _____

PEER RELATIONSHIPS

Does your child seek friendships with peers? _____

Is your child sought by peers for friendships? _____

Does your child play primarily with children his or her own age? _____

Younger _____ Older _____

MEDICAL HISTORY

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information.

Operations _____ Coma _____

Hospitalizations for illness (es) other than operations _____

SOCIAL HISTORY (cont'd)

Head injuries _____ with unconsciousness _____ without uncon
Convulsions _____ with fever _____ without fever _____
Meningitis or encephalitis _____ Immunization reactions _____
Persistent high fevers _____ Highest temperature ever recorded _____
Eye problems _____ Ear problems _____
Poisoning _____ Chronic illness _____
Ongoing medications _____

FAMILY HISTORY – MOTHER

Age _____ Age at time of pregnancy with student _____
Medical Problems (specify) _____

FAMILY HISTORY – FATHER

Age _____ Age at time of the student's birth _____
Medical Problems (specify) _____

SIBLINGS

<u>Name</u>	<u>Age</u>	<u>Medical, social or academic problems</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

LIST NAMES AND ADDRESSES OF ANY OTHER PROFESSIONALS CONSULTED

1. _____
2. _____
3. _____
4. _____

ADDITIONAL REMARKS

Please use the remainder of this page to write any additional comments you wish to make regarding your child's difficulties _____
