

Today's Date _____

Child's name: _____ Birthdate: _____

This form is being completed by: _____

- relationship to child: _____

If necessary, how can you be contacted during school hours:

What was the reason that you requested an evaluation of your child? Please state all concerns:

What are the best things about your child – strongest points, nicest qualities, subjects enjoys or does well in?

What are some things that worry you about your child – troubles, weaknesses?

FAMILY STATUS

1. How long have you and your child's father/mother been married? _____
 (Please note whether the child was the product of first, second, etc. marriage):

- _____
- _____ Never were married
 _____ Separated
 _____ Divorced
 _____ Widowed
 _____ Unmarried/lived together (how long?)

2. How would you describe the relationship between parents? Please include information regarding biological parents and any step-parents.

3. How would you describe your child's relationship with mother?

4. How would you describe your child's relationship with father?

5. What was the last year of school completed by biological mother? What is current occupation?

6. What was the last year of school completed by biological father? What is current occupation?

7. Please list names (and relationship to student) of everyone living in house. Give ages of siblings and indicate if step-brother or step-sister.

8. How would you describe your child's relationship with brothers/sisters?

INFANCY DEVELOPMENT

9. How old was biological mother when your child was born? _____
How old was biological father? _____

10. Please check any of the following substances that were ingested during the pregnancy:

- _____ Cigarettes (times per day: _____, how many months: _____)
 _____ Beer or wine (times per week: _____, how many months: _____)
 _____ Liquor (times per week: _____, how many months: _____)
 _____ Coffee or other caffeine (Coke, Mountain Dew, chocolate)
 (times per day: _____, how many months: _____)
 _____ Prescribed medications:

11. How was your health during pregnancy? _____ Good, _____ Fair, _____ Poor
Describe any health complications (anemia, elevated blood pressure, bleeding, premature labor, threatened miscarriage)

12. Was there Rh factor incompatibility? _____

13. Was the baby born on the due date (40 weeks gestation)? _____
How early or how late? _____

14. Were you given any drugs/anesthesia to ease the pain during labor? _____
Name: _____ (circle: local, spinal, general)

15. Were there indications of fetal distress during labor or during birth? _____

16. Was delivery: Normal _____, Caesarian _____, Induced _____
Breech (feet first) _____, Forceps _____, Posterior (face down) _____
Describe any complications:

17. What was the child's birth weight? _____

18. What were the Apgar scores? _____

19. Were there any health complications following birth? _____ If yes, specify:

Skin Color - blue or yellow jaundice? _____

How long under bilirubin lights? _____

Incubator or oxygen used? _____

How long? _____

Did baby require extended stay in hospital? _____ For how long? _____

Explain:

20. Were there early infancy feeding problems? _____ If yes, describe:

21. Were there early infancy sleep pattern difficulties? _____ If yes, describe:

22. Did the child experience any health problems during infancy? _____ If yes, specify:

23. Was the baby an easy baby? Not cry a lot, follow a schedule fairly well?

_____ Very Easy

_____ Easy

_____ Average

_____ Difficult

_____ Very Difficult

24. Was the child colicky? _____ Describe length of time and treatment:

25. How did the baby behave with other people?

_____ More sociable than most babies

_____ Average

_____ Less sociable than most babies

26. When baby wanted something, how insistent was he/she?

- Very Insistent
 Pretty Insistent
 Average
 Not Very Insistent
 Not At All Insistent

27. How would you rate the activity level of the child as an infant/toddler?

- Very Active
 Active
 Average
 Less Active
 Not Active

28. Were there any concerns regarding motor development, any delays in reaching milestones (sitting alone, crawling, walking)?

29. Were there any concerns regarding language development, any delays in reaching milestones (speaking single words, stringing two or more words together)?

30. At what age was he/she toilet-trained? _____

CURRENT STATUS

31. How would you describe your child's current health?

- Very Good
 Good
 Fair
 Poor
 Very Poor

Allergies: None _____ Yes – Specify:

Frequent headaches _____ Frequent colds _____

32. Child's hearing? _____ Good _____ Fair _____ Poor
Ever wear Hearing Aid? _____
33. Vision? _____ Good _____ Fair _____ Poor
Ever wear Glasses/Contacts? _____
34. Speech articulation? _____ Good _____ Fair _____ Poor
Ever receive speech therapy? _____
35. Gross motor coordination (running, kicking, skipping)
_____ Good _____ Fair _____ Poor
Ever receive physical therapy? _____
36. Fine motor coordination (writing, snapping fingers)?
_____ Good _____ Fair _____ Poor
Ever receive occupational therapy? _____
37. Does your child have bladder control problems: _____ During Day _____ At Night
Frequency: _____ If yes, was he/she ever continent? _____
38. Does your child have bowel control problems: _____ During Day _____ At Night
Frequency: _____ If yes, was he/she ever continent? _____
39. Do any medical illnesses run in your family (seizures, thyroid problems, allergies, etc.)? Please describe, including treatment:
40. Has your child had any health problems (asthma, diabetes, heart condition, seizures, etc.)?
_____ If yes, describe, including treatment and age of onset:
41. Does your child have a history of accidents (broken bones, stitches, lost teeth, head injury)?
_____ If yes, describe, including ages of occurrences.

42. Does child have a history of any surgeries (tonsillitis, adenoids, hernia, appendicitis)?
 _____ If yes, describe with ages of occurrences and duration of each hospitalization:

43. Is there any suspicion of alcohol or drug use by child? _____

44. Is there any history of physical or sexual abuse? _____

45. Does the child have any problems sleeping? _____

- _____ None
- _____ Difficulty falling asleep
- _____ Sleep continuity disturbance
- _____ Early morning awakening
- _____ Restless sleeper

Bedtime: _____ What time wakes up: _____

46. Are there any concerns regarding appetite?

47. What is your child's current activity level, when compared to other children his/her age?

- _____ Quite overactive
- _____ Overactive
- _____ Average
- _____ A bit underactive
- _____ Lethargic

49. List any medications prescribed (Ritalin, Adderall, Metadate, Concerta, Straterra, Dexedrine, Cylert, Buspar, Prozac, Zoloft, Paxil, Celexa, Lexapro, Catapres, Depakote, Lamictil, Topamax, Zyprexa, Abilify, Seroquel, Tegretol, Lithium, Haldol, Anticonvulsants, Antihistamines, etc.). Include the age when prescribed and for how long it was prescribed:

CURRENT medications and dosages:

50. Has your child ever had any of the following forms of psychological treatment (indicate number of months):

_____ Individual psychotherapy	_____ Group psychotherapy
_____ Family therapy with child	_____ Residential treatment
_____ Inpatient evaluation/treatment	

51. Do any relatives have problems with learning, substance abuse, arrests, psychiatric problems? Please specify:

52. Are there any concerns regarding how easily your child makes or keeps friends?

53. Does your child prefer to play alone? Or with friends? _____

54. Does your child prefer younger friends? Older friends? Same age friends?

55. Are you satisfied with the choices that your child makes in friends? _____

56. What does your child do with his spare time? What are his interests, hobbies, activities?

57. What responsibilities does your child have at home:

58. Please summarize your child's progress (academic, social, testing) within each of these grade levels:

Preschool:

Kindergarten:

Grades 1 and 2:

Grades 3 and 4:

Grades 5 and 6:

59. Are there concerns regarding homework (time spent, help required)?

60. Has your child ever been:

_____ Suspended from school – how many times: _____

_____ Expelled from school – how many times: _____

_____ Retained/held back – what grade: _____

_____ Skipped a grade – what grade: _____

61. Have any additional instructional modifications been attempted?

_____ Behavior modification program

_____ Daily/weekly report card

_____ Summer school

_____ Tutoring outside of school

_____ Other _____

62. What discipline strategies do you use at home (verbal reprimands, time out/isolation, removal of privileges, physical punishment)? How successful have different strategies been?

63. Who administers most of the discipline at home? Does child comply more with one parent over the other?

64. What misbehaviors or acting out behaviors are the most frequent?

65. What nervous habits does your child have (nail biting, twitches, stuttering)?

66. What fears does your child have?

67. Is your child open about his/her thoughts and feelings? Who can he/she confide in?

68. What makes your child angry?

69. What outside agencies and/or services have been involved with the family?

AGENCY

DATES

RESULTS

70. Have there been any significant events in the last few years that may have affected your child or family (births, deaths, separations, divorces, change of residence, change of school, legal problems, financial problems, etc.)?

71. Any information not requested that you would like to offer:

72. Which of the following are considered to be a significant problem currently?

- Fidgets
- Difficulty remaining seated
- Easily distracted
- Difficulty awaiting turn
- Often blurts out answers to questions before they've been completed
- Difficulty following instructions
- Difficulty sustaining attention
- Shifts from one activity to another without finishing the first
- Difficulty playing quietly
- Often talks excessively
- Often interrupts or intrudes on others
- Often does not listen
- Often loses things
- Often engages in physically dangerous activities – specify:

73. At what age did these problems begin? _____

74. Which of the following are considered to be a significant problem currently?

- Often loses temper
- Often argues with adults
- Often actively defies or refuses adult requests or rules
- Often blames others for own mistakes
- Is often touchy or easily annoyed by others
- Is often angry or resentful
- Is often spiteful or vindictive
- Often swears or uses obscene language

75. At what age did these problems begin? _____

76. Which of the following are considered to be a significant problem currently?

- Stolen without confrontation
- Stolen with confrontation
- Run away from home overnight at least twice
- Often lies
- Deliberate fire-setting
- Often truant from school
- Breaking and entering
- Destroyed others' property
- Cruel to animals
- Forced someone else into sexual activity
- Used a weapon in a fight
- Often initiates physical fights
- Physically cruel to people

77. At what age did these problems begin? _____

78. Which of the following are considered to be a significant problem currently?

- Unrealistic and persistent worry about possible harm to loved ones
- Unrealistic and persistent worry that a calamitous event will separate the child from loved ones
- Persistent school refusal
- Persistent refusal to sleep alone
- Persistent avoidance of being alone
- Repeated nightmares regarding separation
- Somatic complaints(headaches/stomachaches, with no medical cause)
- Excessive distress in anticipation of separation from loved ones
- Excessive distress when separated from home or loved ones

79. At what age did these problems begin? _____

80. Which of the following are considered to be a significant problem currently?

- Unrealistic worry about future events
- Unrealistic concern about appropriateness of past behavior
- Unrealistic concern about competence
- Somatic complaints(headaches/stomachaches, with no medical cause)
- Marked self-consciousness
- Excessive need for reassurance
- Marked inability to relax

81. At what age did these problems begin? _____

82. Which of the following are considered to be a significant problem currently?

- Depressed or irritable mood most of the day, nearly every day
- Suicidal ideation or attempt
- Diminished pleasure in activities
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive inappropriate guilt
- Diminished ability to concentrate
- Decrease or increase in appetite associated with weight gain/loss

83. At what age did these problems begin? _____

84. Which of the following are considered to be a significant problem currently?

- Depressed or irritable mood for most of the day (about once a year)
- Poor appetite or overeating
- Insomnia or hypersomnia
- Low energy or fatigue
- Low self-esteem
- Poor concentration or difficulty making decisions
- Feeling of hopelessness
- Never without symptoms for more than two months in 1-year period

85. At what age did these problems begin? _____

86. Has the child displayed any of the following:

- Delusions
- Hallucinations (sees/hears things not there)
- Odd fascinations
- Incoherent speech (mumbles, jargon)
- Compulsive rituals
- Motor tics
- Vocal tics
- Stereotyped mannerisms
- Odd postures
- Overreaction to touch
- Overreaction to noise – Or fails to react to loud noises
- Panic attacks
- Strange aversions
- Unusual fears
- Little or no interest in friends
- Significantly indiscreet remarks
- Initiates or terminates interactions inappropriately
- Abnormal social behavior
- Excessive reaction to changes in routine
- Self-mutilation

PAGE 9A – FOR JUNIOR HIGH AND HIGH SCHOOL REFERRALS

58-A. Please summarize your child's progress (academic, social, testing)

Junior High:

High School: