

GENERAL INFORMATION

Date _____ Person Reporting: _____

STUDENT'S NAME _____ Birth date: _____

Age/Grade: _____

MOTHER _____ Home phone _____

Cell phone _____ Email _____

Address _____

FATHER _____ Home phone _____

Cell phone _____ Email _____

EMERGENCY CONTACT: _____ Phone: _____

SCHOOL CONTACT: _____ Phone/email: _____

EVALUATION/TESTING: (Please use back if more space is needed)

1. Type (educational/psychological/neurological/etc): _____

Agency: _____ Examiner: _____

Address: _____ Phone: _____

2. Type (educational/psychological/neurological/etc): _____

Agency: _____ Examiner: _____

Address: _____ Phone: _____

OTHER SERVICES: (psychotherapy, speech/language, tutoring, OT, PT, etc)

Name: _____ Phone: _____

Address: _____

Service provided: _____ From (date) _____ To (date) _____

Please check all the concerns that apply regarding your child and indicate degree of concern (H=high, M=medium, L=low, N= none). All information you provide is held in strict confidence.

ACADEMICS:

- | | |
|-----------------------------|-------------------------------|
| _____ Reading: Decoding | _____ Reading: Comprehension |
| _____ Reading: Rate/Fluency | _____ Writing: Spelling |
| _____ Writing: Composition | _____ Writing: Handwriting |
| _____ Math: Arithmetic | _____ Math: Problem Solving |
| _____ Math: Problem Solving | _____ Math: Concept Formation |
| _____ Math: Reasoning | _____ Organizational Skills |
| _____ Study Skills | |

SOCIAL/EMOTIONAL:

- | | |
|---------------------------------------|---------------------------------|
| _____ Adjusting to divorce/separation | _____ Adoption issues |
| _____ Aggressive behavior | _____ Alcohol and/or behavior |
| _____ Anxiety | _____ Appetite disturbance |
| _____ Conduct | _____ Depression |
| _____ Discipline | _____ Distractibility/attention |
| _____ Family communication | _____ Hyperactivity |
| _____ Identity concern | _____ Impulse control |
| _____ Interpreting social cues | _____ Motivation |
| _____ Organization | _____ Panic Attacks |

_____ Parental Stress

_____ Phobias (specify)_____

_____ Problems with peers

_____ Problems with teachers

_____ School performance

_____ Self-esteem

_____ Single parenting

_____ Sleep disturbance

_____ Speech or language

_____ Step Parenting

_____ Temper Tantrums

_____ Tics

ADDITIONAL COMMENTS:

EDUCATIONAL HISTORY

Schools attended:

Date	Grade(s)	School

Present school progress (*Identify any problems your child is experiencing. Be as specific as possible*):
