

[YOUR LETTERHEAD]

HISTORY FORM

Student's Name _____ Date _____
Person(s) Reporting: _____ Relation to Child _____

- Who referred you? _____
- Please check all the concerns that apply regarding your child and indicate degree of concern (H=high, M=medium, L=low). **All information you provide is held in strict confidence.**

ACADEMICS:

H-M-L

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

H-M-L

- Discipline
- Distractibility/attention
- Family communication
- Hyperactivity
- Identity concern
- Impulse control
- Interpreting social cues
- Learning
- 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 or unusual mannerisms
- Witness to violence
- Other (specify) _____

SOCIAL/EMOTIONAL:

H-M-L

- Adjusting to divorce/separation
- Adoption issues
- Aggressive behavior
- Alcohol and/or substance abuse
- Anxiety
- Appetite disturbance
- Bedwetting/soiling
- Conduct
- Death or major illness in family
- Depression

- When were problems first noted? _____

ADDITIONAL COMMENTS ARE MOST WELCOME (Please use the other side if more space is desired.)

- WHAT QUESTIONS AND CONCERNS ARE YOU HOPING THIS INTERVENTION WILL ADDRESS?

FAMILY HISTORY

- Parents/Guardians:

Parent 1's age: _____ Highest degree attained: H S College Graduate Post Graduate

Occupation: _____ Employer: _____

Parent 2's age: _____ Highest degree attained: H S College Graduate Post

Graduate Occupation: _____ Employer: _____

- Siblings:

Name	Age	Grade	Comments about learning, development, socialization, etc.

- Does anyone in the immediate or extended family have speech/hearing/learning/psychiatric/medical problems? *(If yes, briefly describe):* _____

EDUCATIONAL HISTORY

- Schools attended:

Date	Grade(s)	School	Address/Location

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

- Learning goals you would most like to see attained. (*Number to rank their importance to you.*)

Goal:	Priority rank:
_____	_____
_____	_____
_____	_____
_____	_____

BIRTH INFORMATION

(If the child is adopted, please provide whatever birth history you may know and answer the additional questions below.)

- Mother’s age at birth: _____ Father’s age at birth: _____
- Were there any difficulties, maternal illnesses, accidents, traumas, etc. during pregnancy? (*Please detail.*)

- Labor and Delivery
 Length of pregnancy _____ Length of labor: _____ hours Birth weight _____
 Spontaneous Induced (*explain*) _____
 Type of anesthetics _____
 Forceps (*explain*) _____
 Cesarean Section (*explain*) _____
 Baby bluish or yellowish after birth (*explain*) _____
 Breech birth (*explain*) _____
 Incubator (*explain*) _____
 Anoxia (*explain*) _____
- Comments concerning prenatal and birth history: _____

ADOPTION INFORMATION

At what age was the child adopted? _____ Does the child know they are adopted? _____

If yes, since what age has the child known? _____

Is (are) the birth parent(s) known to the child? _____

Describe any special circumstances surrounding the adoption, e.g. international adoption, foster care prior to adoption and for how long, etc.

HEALTH

	Age at Onset	Duration	Description (<i>continue on back if necessary</i>)
Allergies			
Ear infections			
Frequent colds			
Other illness			
Accidents			
Surgery			

Hospitalizations			
Physical disabilities			
Other:			

• Medications:

Medication	Treatment for:	Dose/ Frequency	Duration From - To	Side Effects

DEVELOPMENTAL HISTORY

MOTOR DEVELOPMENT:

At what age did the following occur?

Sat alone _____ Crawled _____
 Walked alone _____ Drank from a glass _____
 Began to draw _____ Rode a two-wheeler _____

Describe any balance or coordination problems: _____

Does child prefer right or left hand? _____ Which hand do family members prefer? _____

LANGUAGE DEVELOPMENT

At what age did the child begin to use single words: _____

Two words together _____ Sentences of three or more words: _____

Comments about your child's language development (e.g. peculiarities in language acquisition or development):

SOCIAL AND EMOTIONAL INFORMATION

(Please **describe** as fully as possible. Use the other side if needed.)

What are your concerns or those of the school about the child's behavior or emotional functioning? _____

Does the child prefer to spend time:

- alone?
- with adults?
- with children?

What activities hold the child's interest the longest **alone**? _____

What activities hold the child's interest the **with others**? _____

Does the child have hobbies? _____

Are there pets in the home? _____

Does the child have responsibilities at home? If so, please detail: _____

