

Others living in the home: _____

Name		Relationship to Student

PREGNANCY/NEONATAL INFORMATION

Length of pregnancy: _____

Problems during pregnancy? _____

Birth weight: _____

Were there problems during labor/delivery? Place of birth: _____

When did the child go home from hospital? _____

DEVELOPMENTAL MILESTONES

At what age did the child:

	Age		Age
Sit Alone		Crawl	
Walk Alone		Single Words	
Put Two or More Words Together		Toilet Trained	
Feed Self		Dress Self Completely	
Ride a Tricycle		Ride A Bicycle	

Has the child had any of the following:

Condition	Yes/No	Condition	Yes/No
Seizures (Epilepsy)		High Fever	
Head Injuries		Frequent Colds	
Eye/Vision Problems		Heart Condition	
Surgeries		Appetite Problems	
Hospitalizations		Toileting Problems	
Broken Bones		Nervous Conditions	
Diabetes		Allergies	
Ear Infections		Asthma	
Body Rocking		Self-Injury	

Any other health problems not listed above? _____

Does the student have a diagnosis for any condition(s), or have they been hospitalized for anything significant since birth? _____

Is the student currently taking any medications? (If yes, explain) _____

Does the student wear glasses and why? _____

Does the student wear a hearing aid? _____

GENERAL INFORMATION

Describe the student's strengths including in the area of academics and/ or other areas: _____

Describe the student's weaknesses including in the area of academics and other areas if any: _____

Describe student's relationship with mother/father. _____

How is your child's adjustment to peers? Do they have friends in and out of school? _____

Does the student read at home daily? _____ If yes, for how long? _____

What does the student like to read? _____

Is the student able to follow instructions? _____ One-step _____ Two-Step _____ Multi-step _____

Describe the student's ability to express him/herself. _____

How much time do you spend on homework each night? _____

What does the student do after-school? _____

Is the student involved in any after-school/extracurricular activities? _____

What does the student like to do in his/her spare time? _____

Does the student have chores? If so, how many reminders does s/he need to do them? _____

Describe consequences provided at home for the student's appropriate and inappropriate behaviors: _____

Emotions/Behavior

Does the child have difficulty with attention? _____

Do you have to frequently repeat directions? _____

Does the child display aggressiveness? _____

Does the child have difficulty calming down when upset? _____

Is the child's emotional response appropriate to the situation? _____

How is your child getting along socially at school? _____

Does the child seem withdrawn from others/or social situations? _____

Does the child display what you might perceive as being unusual behavior? _____

Describe any unusual behavior problems:

Nail-biting	Yes/No	Bed-wetting	Yes/No
Thumb-sucking	Yes/No	Other(s):	

CONCERNS/ADDITIONAL INFORMATION

What is your greatest concern?

Have any interventions or techniques been used with your child that has shown some success or conversely had a minimal or no impact at all?

Please provide any other relevant information you wish to include as part of the assessment:
