

Student ID	Student Name	Age	Date of Birth	Gender
Academic Year	Home Campus	Current Campus		Grade

The information requested will greatly assist the district in the evaluation of the student. If you have additional information that you want the evaluation team to consider (and that is not requested here) please feel free to attach additional pages.

If you would prefer to provide this information by phone, please contact:	
Staff name	Staff phone number

General Information		
Mother's Name	Occupation	Level of Education
Father's Name	Occupation	Level of Education

With whom does the student live?	Relationship to the student

Other children in the home

Other adults in the student's home

Do any family members have learning problems? If yes, please explain.

Compared to other children in the family, the student's development was
Slower About the same Faster

At what age, in months, was the student able to do the following:		
Sat without support	Crawled	Walked without support
Used spoon fairly well	First word	Reasonably well toilet trained

The Student's Friends and Activities			
Does the student prefer to play/socialize with			
Girls	Boys	No preference	
Does the student have friends his/her own age?			
Yes	No		
Does the student have friends who are younger?			
Yes	No		
Does the student have friends who are older?			
Yes	No		
The Student at Home			
Please check each item available for the student's use at home			
Computer	Video games	Books	Television
Tape recorder	Educational toys	CD player	Radio
What kinds of activities does your family do together? (read, play games, camp, etc.)			
Have there been any important changes within the family during the last 3 years? (For example, changes, moves, births, deaths, serious illnesses, separations, divorce)			
With whom in the family is the student particularly close?			
Has the student ever been separated from the family due to family problem, health reasons, etc.? If yes, please explain.			
How did the student react to the separation?			
Describe the student's behavior at home with peers, siblings, neighbors, and parents. (For example, Is the student generally well-behaved? Social? Affectionate? Withdrawn?)			

What methods of discipline are used with the student at home? (For example, spanking, extra chores, early bedtimes, taking away of privileges; is he/she given rewards for good behavior?)

How does the student react to discipline?

Who usually disciplines the student at home?

The primary language in the home is

How long has the student lived in the United States?

What time does the student go to bed at night?

Does the student eat breakfast?

Yes No

What does the student do when not in school (please list the student's common indoor and outdoor activities)?

Does the student have a part time job after school or on weekend? If yes, please provide the average number of hours worked per week.

The Student at School

Has the student talked to you about difficulties or problems at school? If yes, please explain.

Do you think the student is having difficulties at school?

Yes No

If you think the student is having difficulties, please explain your concerns.

What do you think is causing the student's difficulties at school?

When did you first notice the difficulties?

--

If you have discussed these concerns with the school, please indicate when and with whom you shared your concerns

--

If the student qualifies for services, what services or accommodations do you think are necessary so that the student can participate and benefit from school?

--

Childhood & Medical History

Has your student ever had the following?	Never	Began at age?	Ended at age?	Still has problem
Frequent Fevers				
Frequent Earaches				
Frequent Vomiting				
Thumb Sucking				
Nightmares				
Sleepwalking				
Head Banging				
Rocking of Body				
Teeth Grinding				
Bedwetting				
Fingernail Biting				
Temper Tantrums				
Run Away from Home				
Lost Consciousness				
Convulsions				

Current Medical Treatment and Medication

Doctor's reports, letters, and diagnosis can be very helpful in placement and programming determination. Please attach the student's medical records so that the District can have a more complete picture of the student. If you would prefer, you may give the district written consent to seek those records from your doctors directly.

To obtain the form for written consent, please contact:

School Staff Person	Position

Email	Phone Number
Please identify any medical problem for which the student is currently receiving medical care	
Does the student appear to have any other physical health problems for which he/she is not currently receiving medical care?	
Please list all medication currently taken by the student (over the counter and prescription).	
Please describe any side effects the student experiences from these medications.	
Please identify any medication(s) taken by the student for over one year.	
Please describe any hospital stays by the student, including the date, reason for the stay, the duration, and the result of treatment.	
Does the student have a medical condition or illness with symptoms that are sometimes more serious than other times? If yes, please answer the following three questions.	
Yes No	
What is the name of the condition or illness?	
When and how often is the condition or illness a problem for the student?	
How does the condition or illness affect the student when the symptoms are most serious?	

Did the student used to have a serious medical condition or illness that has gone away? If yes, please answer the following four questions.		
Yes No		
What is the name of the condition or illness that the student used to have?		
When did the student suffer from the condition or illness?		
How did the condition or illness affect the student when the symptoms were most serious?		
Is the condition or illness likely to return?		
Yes No		
Is there any other information about the student or family that you would like the District to consider regarding the student? If so, please provide it here.		
Firma del padre/tutor/estudiante adulto:		Fecha en que se firmó
Person assisting (if any)		
School Staff Person	Phone Number	Staff Email