

FAMILY INFORMATION

Please list the persons currently living in the home with the child:

Name	Sex	Age	Relationship to child

Please list any family members who are no longer at home:

Name	Sex	Age	Relationship to Child	When did they leave?

Parent 1 name _____ **Age** _____

Education: *Some High School* *High School Grad* *Some College* *College Grad* *Post-Grad*

Occupation _____ Place of Employment _____

Parent 2 name _____ **Age** _____

Education: *Some High School* *High School Grad* *Some College* *College Grad* *Post-Grad*

Occupation _____ Place of Employment _____

Step-parent name (if applicable) _____

Age _____

Education: *Some High School* *High School Grad* *Some College* *College Grad* *Post-Grad*

Occupation _____ Place of Employment _____

Parents are: Married Divorced Unmarried Living Together Widowed

If parents are divorced, who has legal custody? _____

If parents are divorced or separated, please describe visitation arrangements:

Please describe any family stress your child has experienced in the last several years (e.g. death, serious illness, unemployment, marital problems, separation from parents, relocation, etc.)

DEVELOPMENTAL INFORMATION

Compared to other children, do you feel your child has had any problems with:

Yes	No	Description	Explanation
		Fussiness as an infant	
		Eating	
		Sleeping	
		Learning to talk	
		Understanding language	
		Unclear speech	
		Building with blocks, playing with puzzles, etc.	
		Gross motor skills (walking, hopping, riding bike, etc.)	
		Fine motor skills (fastening buttons, zippers, drawing, etc.)	
		Toilet-training	
		Bed-wetting	
		Separating from parent	
		Unusual fears	
		Early school-related skills (naming colors, counting, alphabet)	
		Playing or socializing with other children	
		Unusual habits or routines	
		Sitting still	
		Concentrating	
		Managing frustration	
		Aggression	
		Other difficulties	

HEALTH AND MEDICAL INFORMATION

Were there any problems or complications during pregnancy with this child? Yes No
 If "Yes," please describe:

Does your child have any major medical issues? Yes No
 If "Yes," please describe:

Is your child currently taking any medications? Yes No
 If "Yes," please list: Reason for medication

_____	_____
_____	_____
_____	_____
_____	_____

Has your child ever been evaluated by a mental health professional? Yes No
(Psychologist, psychiatrist, social worker, counselor, etc) If "Yes," please state by whom, when, reasons:

Has your child been given any learning, psychological, or other diagnosis? Yes No
If "Yes," please specify:

Please list the name, address, and telephone number of your child's primary physician/clinic:

Name: _____

Address: _____

Phone: _____

SCHOOL INFORMATION (If applicable)

Current School Name: _____

Grade: _____

School Address: _____

Phone: _____

Did your child attend preschool? Yes No
If "Yes," give ages of attendance _____

Did your child ever repeat a grade? Yes No
If "Yes," which grade(s)? _____

Does your child have an Individualized Education Plan (IEP)? Yes No
If "Yes," when was child evaluated? _____

Does your child have a 504 Plan? Yes No
If "Yes," why? _____

Has your child received services in a special education classroom? Yes No
If "Yes," when and for what reasons (e.g. learning difficulties, emotional challenges, cognitive delays, etc.)? _____

Which of the following services has your child received?

Services	Yes	No	Age or Grade(s)
Speech/Language therapy			
Physical therapy			
Occupational therapy			
Learning disabilities tutoring			
School counseling			

Over the years, how have teachers generally described your child?

What is the typical range of grades/marks your child receives on his or her report card (e.g. from A to C, B to D, etc.)?

On average, how much time does your child spend on homework each day?

Describe what type of support your child typically needs to complete homework:

DESCRIPTION OF CHILD

What do you consider your child's best qualities or strengths?

What do you consider your child's weaknesses or challenges?

Does your child prefer to play with older, younger, or same-age children?

Describe how your child typically gets along with his or her peers:

What activities does your child enjoy when not in school?