

SPECIAL EDUCATION DEPARTMENT

PARENT/GUARDIAN INFORMATION FORM

Child's Name _____ Today's Date _____
 Birthdate _____ Age _____ Birth Place _____ Sex _____
Elementary Middle High Teacher _____ Grade _____
 Parent/Guardian _____ Phone _____
 Street Address _____ City _____ ZIP _____

FAMILY INFORMATION

Father: Biological Adoptive Step Guardian Other _____

Name _____ Age _____

Occupation _____ Highest Grade Completed _____

Mother: Biological Adoptive Step Guardian Other _____

Name _____ Age _____

Vocation _____ Highest Grade Completed _____

Brothers and Sisters:	Name	Age	Grade	School performance, include problems & support services

Persons currently living in the home (please identify relationship if not listed above) _____

Please list any languages other than English spoken in the home _____

Additional comments regarding family information _____

BIRTH HISTORY

If adopted, age at time of adoption _____ (please enter following information if shared with you)

Duration of pregnancy _____ months Approximate birth weight _____

Please describe mother's physical and emotional health during the pregnancy _____

Please indicate any complications or concerns at the time of delivery, such as the following:

____ Caesarian _____ Unusually long or brief labor

Daytime toilet trained at age _____ Nighttime at age _____ Comment on any concerns or problems in establishing toilet training _____

History of bedwetting? Yes No If yes, at age _____ frequency _____

History of soiling? Yes No If yes, at age _____

Comments _____

Health:

Describe any eating problems _____

Describe any sleeping problems _____

Illness	Age started	Mild or Serious	High Fever?	Noticeable effects
Tonsillitis/Adenoids				
Whooping Cough				
Scarlet Fever				
Typhoid Fever				
Measles				
Chicken Pox				
Encephalitis				
Diabetes				
Convulsions				
Allergies				
Asthma				
Headaches				
Additional:				

General Characteristics and Behaviors:

Please check those that generally describe your child during this age period (Birth – Age 10):

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Disobedient | <input type="checkbox"/> Destructive | <input type="checkbox"/> Overactive | <input type="checkbox"/> Insecure |
| <input type="checkbox"/> Hard to Discipline | <input type="checkbox"/> Excessive Crying | <input type="checkbox"/> Very shy, withdrawn | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Happy, good natured | <input type="checkbox"/> Face Twitching | <input type="checkbox"/> Whining |
| <input type="checkbox"/> Easy to discipline | <input type="checkbox"/> Well-coordinated | <input type="checkbox"/> Fearful or anxious | <input type="checkbox"/> Rocking |
| <input type="checkbox"/> Gets along with adults | <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Sad, moody | <input type="checkbox"/> Fighting |
| <input type="checkbox"/> Awkward, clumsy | <input type="checkbox"/> Well behaved | <input type="checkbox"/> Underactive | <input type="checkbox"/> Hostile |
| <input type="checkbox"/> Too independent | <input type="checkbox"/> Too dependent | <input type="checkbox"/> Shy, withdrawn | <input type="checkbox"/> Untruthful |
| <input type="checkbox"/> Can't control self | <input type="checkbox"/> Changes mood easily | <input type="checkbox"/> Irritable, cranky | <input type="checkbox"/> Immature |
| <input type="checkbox"/> Nervous, tense | <input type="checkbox"/> Thumb sucking | <input type="checkbox"/> Dislikes school | <input type="checkbox"/> Confident |
| <input type="checkbox"/> Likes school | <input type="checkbox"/> Runs Away | <input type="checkbox"/> Dependable | <input type="checkbox"/> Firesetting |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Daydreams | <input type="checkbox"/> Gets along well with other children/peers | |

Please add your own comments or concerns regarding general behavior _____

PRE-ADOLESCENCE AND ADOLESCENCE (approximately Ages 10-18)

General Characteristics and Behaviors:

Please check those that generally describe your child during this age period:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Confident | <input type="checkbox"/> Overactive | <input type="checkbox"/> Generally successful at school |
| <input type="checkbox"/> Insecure | <input type="checkbox"/> Runs away | <input type="checkbox"/> Difficult to discipline |
| <input type="checkbox"/> Rebellious | <input type="checkbox"/> Dislikes school | <input type="checkbox"/> Underactive, lethargic |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Likes school | <input type="checkbox"/> Good self-discipline |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Sleeps a great deal | <input type="checkbox"/> Possible drug or alcohol abuse |
| <input type="checkbox"/> Breaks rules | <input type="checkbox"/> Has one or two friends | <input type="checkbox"/> Seems to have no friends |
| <input type="checkbox"/> Untruthful | <input type="checkbox"/> Awkward, clumsy | <input type="checkbox"/> Happy, good-natured |
| <input type="checkbox"/> Destructive | <input type="checkbox"/> Nervous, tense | <input type="checkbox"/> Tardy or skips school |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Angry, hostile | <input type="checkbox"/> Talks about suicide |
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> Many fights | <input type="checkbox"/> Plans to graduate from high school |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Shy, withdrawn | <input type="checkbox"/> Responsible, dependable |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Frequent physical complaints, such as stomach aches | |

Please add your own comments or concerns _____

HEALTH INFORMATION

Hearing:

Is a hearing aide worn? Yes No

Is there a history of earaches? Yes No

Has there been injury to the ears? Yes No

Is there a hearing problem? Yes No

Have ear tubes been inserted? Yes No

Do you currently have concerns about child's hearing or ear health?

Yes No

If there is a hearing problem, please provide the physician or agency last seen for evaluation or follow-up care _____

Comments _____

Vision:

Is there a history of eye injury or disease? Yes No

Are glasses worn? Yes No

If so, generally describe the vision problem, such as can't see far away _____

Date of last vision exam _____

Exam provided by _____

Do you currently have concerns about your child's vision or eye health?

Yes No

Vision comments _____

Health:

Current health concerns _____

Chronic or frequent illnesses _____

Physical disabilities _____

Eating or sleeping problems _____

Hospitalization or injuries since early childhood _____

Comments _____

Medication:

Is medication currently taken? Yes No

Medication	Diagnosis	Dosage	Frequency

CURRENT INFORMATION

School and Home:

Resists going to school? Yes No

Regularly does homework at home? Yes No

Attitude toward school _____

Comments _____

Who usually disciplines your child? _____

Most commonly used discipline methods _____

Reaction to discipline _____

Interests _____

Talents and skills _____

Home duties responsible for _____

Participation in community activities (YMCA, Scouts, dance lessons, etc) _____

Participation in activities with neighborhood children: Yes No Age of friends _____

Activities with friends _____

Briefly describe how your child gets along with others in your household _____

Concerns you may have about your child's behavior or adjustment at home _____

Reason for Referral:

Please describe your child's present difficulties _____

Describe your thoughts on the cause of the problem _____

Describe your attempts to relieve or resolve the problem and the results _____

Please list any professional agency seen for this or a related problem and describe results and follow-up (such as Mott Children's Health Center, Community Mental Health, etc) _____

Please share any additional comments, question, or concerns you have about your child _____

Thank you for completing this questionnaire. We appreciate the time and effort required.

Parent/Guardian Signature

Date