Parent Information Form

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The purpose of this form is to assist me in developing a thorough understanding of your child. Information supplied by those who know a child well is essential. Your answers to the following questions about your child are most appreciated. Please feel free to add any information or elaborate on the last page of this form. Please attach copies of any previous testing results (scores and/or written reports), a sampling of report cards and grades, and any other diagnostic information which you feel is important. Two parents may wish to answer some questions, (particularly behavior rating scales) separately, as their perceptions of their child may differ somewhat. If this is the case, please feel free to duplicate some pages and indicate who the respondent is at the top of the separate pages.

CHILD AND REFERRAL INFORMATION

TODAY'S DATE: _____

INFORMANT: _____

REFERRED BY: _____

CHILD'S NAME: _____

MALE/FEMALE: _____

D.O.B.: _____

AGE: _____

GRADE: _____

SCHOOL: _____

CHILD'S ADDRESS: _____

FAMILY STRUCTURE

DATE OF SEPARATION OR DIVORCE: (if applicable) _____

DATE OF REMARRIAGE: (if applicable) _____

NAME OF CUSTODIAL PARENT: (if applicable) _____

NAME OF MANAGING CONSERVATOR (if applicable) _____

WITH WHOM DOES THE CHILD LIVE AND WHAT PORTION OF THE TIME DOES THE CHILD SPEND WITH THE OTHER PARENT? (if applicable):

CHILD'S SIBLINGS: (names and ages): _____

OTHER PERSONS LIVING IN THE HOME: _____

LANGUAGES OTHER THAN ENGLISH REGULARLY SPOKEN AT HOME: _____

PERSON AND NO. TO CALL IN EMERGENCY: _____

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Father, Mother and Step Parent Information

FATHER INFORMATION

FATHER'S NAME; _____

AGE: _____

OCCUPATION: _____

ADDRESS: _____

PHONE: W _____

H _____

E-MAIL ADDRESS _____

FATHER'S HIGHEST GRADE COMPLETED/DEGREE: _____

MOTHER AND STEP PARENT INFORMATION

MOTHER'S NAME: _____

AGE: _____

OCCUPATION: _____

ADDRESS: _____

PHONE: W _____

H _____

E-MAIL ADDRESS: _____

MOTHERS'S HIGHEST GRADE COMPLETED/DEGREE: _____

STEP PARENT'S NAME: (if applicable) _____

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School, Relationships and Developmental History

PLEASE LIST ANY SOURCES OF EVALUATION SOUGHT FOR YOUR CHILD IN THE PAST AND THE NAME OF THE PROFESSIONAL CONDUCTING THE EVALUATION:

PLEASE LIST ANY SCHOOLS ATTENDED BY YEAR AND GRADE PLACEMENT:

RELATIONSHIPS

AGE MATES:

SIBLINGS:

PARENTS:

TEACHERS:

DEVELOPMENTAL HISTORY

DID THE FOLLOWING SKILLS EMERGE EARLY, AT THE USUAL TIME, OR LATER THAN EXPECTED FOR YOUR CHILD:

LANGUAGE (speaking in meaningful sentences/ verbal communication):

MOTOR SKILLS (crawling,walking, riding a tricycle and bicycle):

Comments:

PLEASE EXPLAIN ANY DIFFICULTIES OR IRREGULARITIES DURING PREGNANCY, DELIVERY, OR BIRTH:

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Developmental, Medical and Family History

PLEASE DESCRIBE ANY DIFFICULTIES OR IRREGULARITIES THAT HAVE OCCURRED IN YOUR CHILD'S DEVELOPMENT (serious illness, accidents, chronic health problems):

MEDICAL HISTORY

MEDICAL DOCTORS: _____

PHONE: _____

LAST EXAM: _____

PAST/PRESENT MEDICAL CARE: (including medications taken in past or currently):

FAMILY HISTORY

FAMILY HISTORY OF ALCOHOLISM, DRUG USE OR ABUSE, PHYSICAL OR SEXUAL ABUSE, LEARNING DISABLITIES, ATTENTION DEFICIT DISORDER, MOOD DISORDERS, PERSONALITY DISORDERS, VIOLENCE, SUICIDE:

HAS YOUR CHILD'S SCHOOL PERFORMANCE BEEN SUPERIOR, AVERAGE, OR POOR?

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Reason for Seeking Professional Help

PLEASE STATE IN YOUR OWN WORDS WHATEVER IS THE MOST IMPORTANT NEED YOUR CHILD HAS IN SEEKING PROFESSSIONAL HELP. THIS WOULD INCLUDE YOUR OPINIONS AS WELL AS THE OPINIONS OF OTHERS WHO HAVE KNOWN OR WORKED WITH YOUR CHILD. PLEASE ADD ANY INFORMATION OR COMMENTS WHICH YOU THINK ARE PERTINENT.

Use the space on the back of this form if you need to give further information