



Information Form Questionnaire for Parents

Test Date: _____ Time: _____

Referred by: _____

Today's Date: _____

Child's Name: _____

Mother: _____

Birth Date: _____

Highest level of education: _____

Ethnic Origin: _____

Employer: _____

Father: _____

Highest level of education: _____

Employer: _____

List siblings: names and ages

Does the child live with ____ both parents ____ mother ____ father ____ guardian

Name of custodial parent: _____

Name of Guardian: _____

Name of School: _____ Present Grade: _____

Age your child started kindergarten: _____

Has your child ever been held back a grade? Yes _____ No _____

Has your child ever skipped a grade? Yes _____ No _____

Please explain:

Does the child receive any services at school (IEP, 504, other)? Explain

Please explain reason for referral. Describe in your own words your child's problem as you understand it. Please include difficulties reported by teachers and your observations at home:

What are your expectations in regard to this evaluation?

If your child has had other testing and/or tutoring, please describe:

If your child's teachers have had concerns about his/her school achievement, please describe them:

What do you consider to be your child's strengths? Weaknesses?

What do your child's teachers consider to be his/her strengths? Weaknesses?

It is generally accepted that learning difficulties run in families. Do you know of other relatives in the immediate or extended family who struggled in school or had a diagnosis such as LD or ADHD?

No _____ Yes _____ (Explain below) Adopted _____

Date of last vision check with an eye doctor? _____

Results: _____

Date of last hearing check? _____ Ear infections? ____yes ____no

Results: _____ If yes, please describe: _____

Developmental/Medical History (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Complicated Pregnancy | <input type="checkbox"/> Diagnosed Autism |
| <input type="checkbox"/> Illness at Birth | <input type="checkbox"/> Diagnosed Anxiety |
| <input type="checkbox"/> Serious Accident | <input type="checkbox"/> Diagnosed ODD |
| <input type="checkbox"/> Serious Illness | <input type="checkbox"/> Diagnosed OCD |
| <input type="checkbox"/> Vision Impairment | <input type="checkbox"/> Diagnosed Depression |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Additional Medical History |
| <input type="checkbox"/> Received Speech Therapy | <input type="checkbox"/> Procedures with General Anesthetic |
| <input type="checkbox"/> Physical Disability | Years of Age <input type="checkbox"/> 0-1 _____ |
| <input type="checkbox"/> Continuing Health Problems | <input type="checkbox"/> 1-2 _____ |
| <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> 2-3 _____ |
| <input type="checkbox"/> Motor Delays | <input type="checkbox"/> 3-5 _____ |
| <input type="checkbox"/> Diagnosed EBD | <input type="checkbox"/> 5-10 _____ |
| <input type="checkbox"/> Diagnosed ADHD | <input type="checkbox"/> 10+ _____ |
| <input type="checkbox"/> Diagnosed Asperger's | |

List of Medications _____

Additional Comments:

Please respond to the items below and feel free to include additional information.

Early Childhood Development:

	Yes	No		Yes	No
speech is hard to understand			enjoys looking at books		
delayed speech			has difficulty following one- or two-step directions		
enjoys being read to			stuttered/continues to stutter		
plays rhyming games					

Preschool and Kindergarten:

	Yes	No		Yes	No
child's attitude changed when he/she entered school			"pretended" to read before learning to read		
is easily frustrated or discouraged while doing paper and pencil activities			has trouble remembering a list/directions		
has a short attention span			has confusion about handedness		
mispronounces words			professional speech therapy		

Elementary Grades:

	Yes	No		Yes	No
speaking in incomplete sentences at the start of first grade			has an awkward pencil grip		
has trouble pronouncing correct sounds of letters			holds pencil in different hand from one he/she eats with		
mispronounces words			has trouble writing on the line		
hates to read			has poor handwriting		
reads but does not comprehend			writes awkwardly		
omits words when reading or writing			can not copy accurately from book or board to paper		
continues to experience reversals			poor speller		
teacher says he/she is not trying			blinks, rubs, or covers eyes frequently		
teacher says he/she does not pay attention			has difficulty rhyming words		

Middle School and High School:

	Yes	No		Yes	No
has a hard time adapting to new situations			has difficulty telling time with an analog clock		
likes to work with his/her hands			underlines from right to left		
has headaches or is nauseous after reading			has difficulty finding the "right" word when speaking		
is highly verbal; has an excellent verbal vocabulary			written vocabulary is simpler than speaking vocabulary		
"forgets" what he/she is to do			is a silent or quiet individual		