LINCOLN COUNSELING & ENRICHMENT ASSOCIATES

ADOLESCENT PERSONAL DATA FORM

to be completed by a parent

				Sex
Birth Date	Birthdate	to dhild	Sex	90.64
Referred by				
Previous Diagnoses	: 1			
	2.			
Father's Name				
Home Street & No.			Pho	ne
Home Street & No. Town		Zip	Sta	te
Occupation				
Employer			Pho	ne
Religious Preference	ce			
Education				000555
Mother's Name				
		F. 5 Co.	Pho	ne
Home Street & No. Town		Zip	Sta	ne te
Occupation				
Employer		A	Pho	ne
Religious Preference	ce			
Education	the second second second			
Education				
Living Together?	Yes No	Di		
Living Together?	Yes No	Di	vorced? Yes	No No
Education	Yes No	Di	vorced? Yes	
Living Together?	Yes No _ Yes No _	Di ————————————————————————————————————	vorced? Yes doption Agenc	у
Living Together?	Yes No _ Yes No _	Di ————————————————————————————————————	vorced? Yes doption Agenc	у
Living Together? Is child adopted? I	Yes No _ Yes No _ was complete	Di Ac	vorced? Yes doption Agenc	у
Living Together? Is child adopted? I	Yes No _ Yes No _ was complete	Di Ac	vorced? Yes doption Agenc	у No
Living Together?	Yes No _ Yes No _ was complete	Di Ac	vorced? Yes doption Agenc	y No No
Living Together? Is child adopted? I	Yes No _ Yes No _ was complete	Di Ad:	vorced? Yes doption Agenc	у
Living Together? Is child adopted? I	Yes No _ Yes No _ was complete	Di Ad:	vorced? Yes doption Agenc	y No
Living Together? Is child adopted? I	Yes No _ Yes No _ was complete	Di Ac	vorced? Yes doption Agenc	y No
Living Together? Is child adopted? Date questionnaire HOUSEHOLD COMPOSIT:	Yes No _ Yes No _ was complete	Di Ad: Living in Houselelationship	vorced? Yes doption Agenc	y No
Living Together? Is child adopted? Date questionnaire HOUSEHOLD COMPOSIT:	Yes No _ Yes No _ was complete	Di Ad: Living in Houselelationship	vorced? Yes doption Agenc	y No
Living Together? Is child adopted? Date questionnaire HOUSEHOLD COMPOSIT: Name	Yes No _ Yes No _ was complete	Di Ad: Living in Houselelationship	vorced? Yes doption Agenc	y No
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Living Together? Is child adopted? Date questionnaire HOUSEHOLD COMPOSIT: Name	Yes No _ Yes No _ was complete	Di Ad: Living in Houselelationship	vorced? Yes doption Agenc	y No

Are there other family members who used to reside in household, but no longer do so? List below.

		Relationship	Disable data	Grade
Name	Sex	to child	Birthdate	(where applicab

96	Bhor			fold-serie succeed a No.
		9.8		100 L 3 L 3 L X
PEDIATRICIAN'S NAM				- Joyotqui
Address			F	Phone
MEDICAL OR OTHER S	SPECIALIST	TS CONSULTED REGA	ARDING PROBLEM	
				Phone
				Secupation
				Phone
				- Countries Last var
Name	on Agency	Title _	OM RBY	Phone
	ed		Address	
Date Consulte				
Has he/she ever be	een hospit	calized for medic	cal treatment o	or surgery?
Has he/she ever be	een hospit	calized for medic	cal treatment o	or surgery?
Has he/she ever be	een hospit	calized for medic	cal treatment o	or surgery?
Has he/she ever be	een hospit	calized for medic	cal treatment o	or surgery? AgeAge
Has he/she ever be	een hospit	calized for medic	cal treatment o	or surgery?

School Information	. Is this child corrently in dama
School	Grade (Repeated)
School Address 35 of to the Moldoser Legidy	Ja 193800 Phone I Moedo sensid
Principal	Teacher(s)
Ancillary Personnel (psychologist, guidance	counselor, reading teacher, etc.)
Number of children in the classroom	
Is this child in a special class? If y	ves, what type of class?
Do you feel this child's present class place	J of ylevileres alone toline in
Why? Top which has all a encoreum of leanner	eg Landhe Yaddin fins a telebrish Vid Sadivest add
Has this child been mainstreamed into any re	
If yes, which ones?,	
Description of Child's Academic Performa	nce and Classroom Functioning
 Please check (✓) the areas below in wh difficulty at school or which you feel of double check (✓ ✓) those which you feel 	nich this child experiences contribute to his/her difficulties; are most important:
<pre>Please check (✓) the areas below in wh difficulty at school or which you feel of double check (✓ ✓) those which you feel reading mathematics</pre>	nich this child experiences contribute to his/her difficulties; are most important: persistence attention span, distractibilit
<pre>Please check (✓) the areas below in wh difficulty at school or which you feel of double check (✓ ✓) those which you feel reading mathematics spelling</pre>	nich this child experiences contribute to his/her difficulties; are most important: persistence attention span, distractibilit classroom behavior, self disci
<pre>Please check (✓) the areas below in wh difficulty at school or which you feel of double check (✓ ✓) those which you feel reading mathematics</pre>	persistence attention span, distractibilit classroom behavior, self discipatitive towards schoolwork activity level (e.g., overly a
<pre>Please check (✓) the areas below in wh difficulty at school or which you feel of double check (✓ ✓) those which you feel reading mathematics spelling handwriting other academic areas language, articulation, vocabulary</pre>	persistence attention span, distractibilit classroom behavior, self disci attitude towards schoolwork very slow)
<pre>Please check (✓) the areas below in wh difficulty at school or which you feel of double check (✓ ✓) those which you feel reading mathematics spelling handwriting other academic areas language, articulation, vocabulary oral expression</pre>	persistence attention span, distractibilit classroom behavior, self discipatitive towards schoolwork activity level (e.g., overly a
<pre>Please check (✓) the areas below in wh difficulty at school or which you feel of double check (✓ ✓) those which you feel reading mathematics spelling handwriting other academic areas language, articulation, vocabulary oral expression conceptual development visual and/or auditory discrimination</pre>	persistence attention span, distractibility classroom behavior, self discipatitive to wards schoolwork activity level (e.g., overly a very slow) independent functioning self confidence peer relationships
<pre>Please check (✓) the areas below in wh difficulty at school or which you feel of double check (✓ ✓) those which you feel reading mathematics spelling handwriting other academic areas language, articulation, vocabulary oral expression conceptual development visual and/or auditory discrimination physical health</pre>	persistence attention span, distractibilit classroom behavior, self disci attitude towards schoolwork activity level (e.g., overly a very slow) independent functioning self confidence peer relationships authority relationships (with
<pre>Please check (✓) the areas below in wh difficulty at school or which you feel of double check (✓ ✓) those which you feel reading mathematics spelling handwriting other academic areas language, articulation, vocabulary oral expression conceptual development visual and/or auditory discrimination</pre>	persistence attention span, distractibility classroom behavior, self discipatitive to wards schoolwork activity level (e.g., overly a very slow) independent functioning self confidence peer relationships
<pre>Please check (✓) the areas below in wh difficulty at school or which you feel of double check (✓ ✓) those which you feel reading mathematics spelling handwriting other academic areas language, articulation, vocabulary oral expression conceptual development visual and/or auditory discrimination physical health gross and/or fine motor coordination</pre>	persistence attention span, distractibility classroom behavior, self discipativity level (e.g., overly a very slow) independent functioning self confidence peer relationships authority relationships (with teacher, principal, etc.) emotional stability family environment, parental attitudes
1. Please check (✓) the areas below in whe difficulty at school or which you feel of double check (✓ ✓) those which you feel reading mathematics spelling handwriting other academic areas language, articulation, vocabulary oral expression conceptual development visual and/or auditory discrimination physical health gross and/or fine motor coordination frustration tolerance other Please elaborate on areas checked above:	persistence attention span, distractibility classroom behavior, self discretivity level (e.g., overly a very slow) independent functioning self confidence peer relationships authority relationships (with teacher, principal, etc.) emotional stability family environment, parental
<pre>1. Please check (✓) the areas below in wh difficulty at school or which you feel of double check (✓ ✓) those which you feel reading mathematics spelling handwriting other academic areas language, articulation, vocabulary oral expression conceptual development visual and/or auditory discrimination physical health gross and/or fine motor coordination frustration tolerance other</pre>	persistence attention span, distractibility classroom behavior, self discipativity level (e.g., overly avery slow) independent functioning self confidence peer relationships authority relationships (with teacher, principal, etc.) emotional stability family environment, parental attitudes

Is this child currently in danger of retention of	or exclusion from school?
Please check this youngster's typical reaction(s solving and difficult learning tasks:	s) to the stress of problem-
rebels, becomes uncooperative to point of requiring discipline refuses to cooperate, but doesn't require discipline	cooperates passively, is not involved in learning procest cooperates actively, is eaged to learn makes initial attempt, but is easily defeated
If child reacts negatively to the learning proce by teachers and other school personnel to overco the results?	ess, what techniques are emplo
camed into any regular classes?	
	If yes, which ones?
Academic Performance and Classroom Europing	
Please state what you feel are the child's strength abilities.	ngths, special interests and
Please state what you feel are the child's strength abilities.	ngths, special interests and
Please state what you feel are the child's stren	ngths, special interests and
Please state what you feel are the child's strength abilities.	ngths, special interests and
Please state what you feel are the child's strength abilities. Has testing been done in ay of the following are	eas:
Please state what you feel are the child's strength abilities. Has testing been done in ay of the following are intelligence	ngths, special interests and
Please state what you feel are the child's strength abilities. Has testing been done in ay of the following are intelligence other psychological testing achievement and skills language	eas:
Please state what you feel are the child's streng abilities. Has testing been done in ay of the following are intelligence other psychological testing achievement and skills language Are you aware of any siblings or other family means.	eas: hearing vision other
Please state what you feel are the child's streng abilities. Has testing been done in ay of the following are intelligence other psychological testing achievement and skills language Are you aware of any siblings or other family means.	eas: hearing vision other embers who are having or have

What were the purposes of the meeting(s)?
Have you had other types of parent contacts during this year regarding th youngster? If so, please describe:
case describe your reasons for secking services for the child.
 PRESENT BEHAVIOR
How does your child get along with his/her siblings?
In general, how do you get along with your child?
Have there ever been periods of unusual stress in your family which you fo have affected your child?
have affected your child? Yes No

Please descri	oe your reason	s for see	king serv	vices for	the child	3.	
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		to maleo	in wour	aarontina	or careta	skina aki	1102
			in volle i	parenting	or careta	aking ski	TIS
What changes	would you like	LO Make	In your				
What changes What are your	goals as a pa	rent?	Asin rish	et along v		way each	
What changes What are your	goals as a pa	rent?	Ash his	et along r		way each	
What changes What are your	goals as a pa	rent?	Neżni rich	et along m	r child g	way ench	wol
What changes what are your	goals as a pa	rent?	Ach his/	et alony n	r child g	way each	est.
What changes What are your	goals as a pa	rent?	Naid ndia	et along v	e blide g	way each	wol
What changes what are your	goals as a pa	rent?	Ath may	et along v	r ohild g	way each	wol
What changes what are your	goals as a pa	rent?	Ath his/	et alony v	r obild g	way ench	lea
What changes what are your	goals as a pa	rent?	Ath his/	et along v	r obild g	way ench	lea
What changes what are your	goals as a pa	rent?	Ath his/	et alony v	r obild g	way ench	lea
What changes What are your	goals as a pa	rent?	Ath his/	et alony v	r obild g	way ench	lea
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What changes What are your	goals as a pa	rent?	Ath his/	et alony v	e blide a	way ench	lea
What changes What are your	goals as a pa	rent?	Ath his/	et along v	e blide a	way ench	lea
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What are your	goals as a pa	rent?	Ath his/	et along v	ov ab war	L Corece	no mi
What are your	goals as a pa	rent?	Ath his/	et along v	ov ab war	these es	evel
What are your	goals as a pa	rent?	nth his/	et along ver alor	r child g	does you	low of the control of
What are your	goals as a pa	rent?	nth his/	et along v	r child g	does you	lov o
What are your	goals as a pa	rent?	nth his/	et along ver alor	r child g	does you	lov o
What changes what are your	goals as a pa	rent?	nth his/	et along ver alor	r child g	does you	lov o