





6. Does your child have frequent physical complaints or accidents (e.g., stomach-aches, falls, headaches, frequently tired, etc.)? \_\_\_\_\_

7. School Information

School \_\_\_\_\_ Grade \_\_\_\_\_ (Repeated) \_\_\_\_\_

School Address \_\_\_\_\_ Phone \_\_\_\_\_

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 yes, what type of class? \_\_\_\_\_

Do you feel this child's present class placement is appropriate? \_\_\_\_\_

Why? \_\_\_\_\_

Has this child been mainstreamed into any regular classes? \_\_\_\_\_

If yes, which ones? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

8. Description of Child's Academic Performance and Classroom Functioning

1. Please check (✓) the areas below in which this child experiences difficulty at school or which you feel contribute to his/her difficulties; double check (✓✓) those which you feel are most important:

- |  |  |
|--|--|
| <input type="checkbox"/> reading                               | <input type="checkbox"/> persistence   |
| <input type="checkbox"/> mathematics                           | <input type="checkbox"/> attention span, distractibility                         |
| <input type="checkbox"/> spelling                              | <input type="checkbox"/> classroom behavior, self discipline                     |
| <input type="checkbox"/> handwriting                           | <input type="checkbox"/> attitude towards schoolwork                             |
| <input type="checkbox"/> other academic areas                  | <input type="checkbox"/> activity level (e.g., overly active very slow)          |
| <input type="checkbox"/> language, articulation, vocabulary    | <input type="checkbox"/> independent functioning                                 |
| <input type="checkbox"/> oral expression                       | <input type="checkbox"/> self confidence   |
| <input type="checkbox"/> conceptual development                | <input type="checkbox"/> peer relationships                                      |
| <input type="checkbox"/> visual and/or auditory discrimination | <input type="checkbox"/> authority relationships (with teacher, principal, etc.) |
| <input type="checkbox"/> physical health                       | <input type="checkbox"/> emotional stability                                     |
| <input type="checkbox"/> gross and/or fine motor coordination  | <input type="checkbox"/> family environment, parental attitudes                  |
| <input type="checkbox"/> frustration tolerance                 |  |
| <input type="checkbox"/> other _____                           |  |

9. Please elaborate on areas checked above: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. In what grade were school problems first noted? \_\_\_\_\_. Have these problems, in general, become worse \_\_\_\_\_, shown improvement \_\_\_\_\_, or stayed the same \_\_\_\_\_ since first noted? Comments: \_\_\_\_\_

11. Is this child currently in danger of retention or exclusion from school? \_\_\_\_\_

12. Please check this youngster's typical reaction(s) to the stress of problem-solving and difficult learning tasks:

- |   |  |
|---|--|
| <input type="checkbox"/> withdraws, becomes inattentive                                 | <input type="checkbox"/> cooperates passively, is not involved in learning process |
| <input type="checkbox"/> rebels, becomes uncooperative to point of requiring discipline | <input type="checkbox"/> cooperates actively, is eager to learn                    |
| <input type="checkbox"/> refuses to cooperate, but doesn't require discipline           | <input type="checkbox"/> makes initial attempt, but is easily defeated             |

13. If child reacts negatively to the learning process, what techniques are employed by teachers and other school personnel to overcome this attitude, and what are the results? \_\_\_\_\_

14. Please state what you feel are the child's strengths, special interests and abilities. \_\_\_\_\_

15. Has testing been done in any of the following areas:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> intelligence                | <input type="checkbox"/> hearing     |
| <input type="checkbox"/> other psychological testing | <input type="checkbox"/> vision      |
| <input type="checkbox"/> achievement and skills      | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> language                    |                                      |

16. Are you aware of any siblings or other family members who are having or have had difficulty in school? \_\_\_\_\_

17. Have you had any parent-school conferences regarding this youngster this school year? \_\_\_\_\_. If so, how many? \_\_\_\_\_. What school personnel and family members attended? \_\_\_\_\_

What were the purposes of the meeting(s)? \_\_\_\_\_

\_\_\_\_\_

18. Have you had other types of parent contacts during this year regarding this youngster? \_\_\_\_\_. If so, please describe: \_\_\_\_\_

\_\_\_\_\_

19. PRESENT BEHAVIOR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. How does your child get along with his/her siblings? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. In general, how do you get along with your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. Have there ever been periods of unusual stress in your family which you feel have affected your child?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe, explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. REFERRAL ISSUES

What were the purpose(s) of the meeting(s)?

\_\_\_\_\_

18. Have you had other types of parent contacts during this year regarding this youngster? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

24. Please describe your reasons for seeking services for the child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

25. What changes would you like to make in your parenting or caretaking skills? What are your goals as a parent?

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