





List any major changes or traumatic events in the student's life and if they had a negative or positive effect on the student:

Before the last 12 months:

Please check the conditions below that describe the health of the child and mother during ...

**Mother's Pregnancy**

- No complications
- Blackouts
- Physical injury
- Excessive bleeding
- Anemia
- Hypertension
- Diabetes
- Emotional stress
- Toxemia
- Alcohol and/or drug use
- Use of tobacco
- Other problem (specify)

**Child's Delivery**

- Normal
- Induced labor
- C-section
- Breech birth
- Unusually long labor (>12 hours)
- Other problem (specify)

**Child's Condition at Birth Normal**

- Lack of oxygen
- Breathing problem
- Birth injury/defect
- Jaundice
- Other problem (specify)



Describe the state of your child's current health:  Excellent  Good  Fair  Poor

Comments:

Is your child currently taking any medication?  Yes  No

If yes, please list medications and uses:

Has your child had any chronic health problems, significant illnesses, accidents or surgeries?

Yes  No

If yes, please describe:

Has your child ever had a head injury/concussion/loss of consciousness?  Yes  No

If yes, please provide details, including whether medical attention was required:

Has your child ever been identified as having a disability?  Yes  No

If yes, by whom, what age, & what disability:

Has your child ever received psychological counseling?  Yes  No

If yes, by whom (professional/agency), referring reason and when:

Has your child ever participated in therapy services from a private or public entity (speech, occupational, physical, vision therapy)?  Yes  No

If yes, by whom (professional/agency), focus of therapy and when:

Has your child ever participated in educational services from a private entity (i.e., private tutor, Sylvan Learning Center)?  Yes  No

If yes, by whom (agency), academic area and when:

Has your child ever participated in an early intervention program (i.e., regional center)?  Yes  No

If yes, by whom (agency), focus of intervention and when:

How much time does your child spend on homework each night?

Who helps with homework?

Are there any difficulties with homework?

Please indicate whether you were concerned about any of the following for this student as a child or adolescent. Please provide details

(e.g., when the problem began/ended; the severity of the problem; how it was addressed):

Developmental delays (including motor problems, handwriting, speech problems, or abnormal reactions to sensory stimulation)

Behavior problems at home or school (please comment on their capacity for self-control)

Emotional problems at home or school overreactions, mood swings, fears/anxiety, temper)

Academic or learning problems

Social interaction problems (with peers and/or siblings)

**Is there a family history of the following problems?**

**Biological family member with the history ...**  
(parent, sister/brother, aunt/uncle, grandparent, 1st cousin)

Learning Difficulties (such as reading, math, writing, spelling)	
Speech or Language problem	
Developmental Disorder (such as autism, ADHD)	
Emotional Problems (such as depression, excessive anxiety, mood swings, etc.)	
Intellectual Disability	
School Failure (such as failing grades, dropout)	
Drug or Alcohol Addiction	