

Your child has been referred for evaluation to determine if she/he has a disability and qualifies for special education services. The information that only you can provide is an important part of the eligibility determination. We are asking for this additional information that may help make an accurate assessment of your child's educational needs.

Child's Name _____

Birthdate _____

At what age did your child:

Sit _____ Walk _____ Begin talking _____
 Become toilet Trained (day) _____ First attend school/preschool _____

Has your child ever:

Worn glasses/had vision problems	YES	NO
Had hearing problems/chronic ear infections	YES	NO
Been diagnosed with a learning disability	YES	NO
Been diagnosed with ADD or ADHD	YES	NO
Received speech/language, physical or occupational therapy	YES	NO
Had a significant head injury	YES	NO
Been disciplined for significant misbehavior at school	YES	NO
Had allergies	YES	NO
Had seizures	YES	NO
Had any operations or hospitalizations	YES	NO
Had any serious accidents	YES	NO
Experienced the death/separation of a family member	YES	NO
Repeated a grade	YES	NO
Had reoccurring headaches/sore throats/stomach problems	YES	NO
Demonstrated coordination problems	YES	NO
Been diagnosed with epilepsy/asthma/thyroid problems	YES	NO
Had a lack of oxygen/reoccurring fainting/breathing problems	YES	NO

Is your child currently:

Taking any medications	YES	NO
Under a doctor's care	YES	NO
Complaining about the difficulty of school work	YES	NO
Unorganized	YES	NO
Distractible/inattentive	YES	NO
Afraid of going to school	YES	NO

Is there any history in your immediate family of:

Learning difficulties	YES	NO
Attention problems	YES	NO
Drug/alcohol problems	YES	NO
Significant medical problems	YES	NO

If you answered yes to any question, please explain:

What strengths does your child have?
How does this child's progress compare to his/her siblings?
What are your main concerns about your child's educational performance?
What motivates your child?