

Developmental and Academic History

Child's full/legal name: _____ Child's Social Security Number: _____

Most Recent School: _____ Teacher's Name: _____

Complete School Attendance Record: *(all need to be listed)*

Grade/Age	Dates Attended (M/Y-M/Y)	School Name	City/State	Reason for Leaving

Are you homeless or living with someone else due to hardship? _____

Please initial the appropriate box and provide full explanations, where needed. Answer every Question.

	No	Yes	<u>Explanation:</u>
Has your child ever been evaluated for a special education program?	<input type="checkbox"/>	<input type="checkbox"/>	Results: _____
Has your child ever had an IEP? (Individualized Educational Program through a Special Education referral)	<input type="checkbox"/>	<input type="checkbox"/>	At which school? _____
Does your child currently have an IEP in effect?	<input type="checkbox"/>	<input type="checkbox"/>	At which school? _____
Was your child ever in any "special programs". (Chapter I, Gifted, etc....)	<input type="checkbox"/>	<input type="checkbox"/>	Please list: _____
Has your child been under the care of a psychologist or family counselor?	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____
Are any daily medications required?	<input type="checkbox"/>	<input type="checkbox"/>	Name of medication/Purpose: _____
Has your child had a vision exam?	<input type="checkbox"/>	<input type="checkbox"/>	Most recent date: _____
Have you noticed any hearing difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
Does your child have any physical limitations?	<input type="checkbox"/>	<input type="checkbox"/>	Describe: _____
Has your child ever been suspended?	<input type="checkbox"/>	<input type="checkbox"/>	Note reason given: _____
Has your child ever been expelled?	<input type="checkbox"/>	<input type="checkbox"/>	Note reason given: _____

Ethnicity :(circle one): White Black/African American American Indian Asian/Pacific Islander Hispanic
(if multi-racial, please circle the ethnicity/ethnicities you prefer your child to be listed as.)

"What is the primary language used in the home regardless of the language spoken by the student?" _____

What is the language most often by the student? _____

What is the language that the student first acquired? _____

Parent Signature: _____

Child's strengths:	Areas of concern:	Strong academic subjects:	Subjects needing attention:
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