



STUDENT INFORMATION FORM

General Information

Name of person being evaluated _____

Address _____ City _____ Zip _____

School _____ Principal _____ Grade _____

Address _____ Teacher _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell Phone (_____) _____ E-Mail _____

Date of birth _____ Age _____ Sex _____ Is your child adopted? _____ If so, at what age? _____

Ethnic Origin (optional) Caucasian _____ Hispanic/Latino _____ African-American _____

Asian/Pacific Islander _____ Native American _____ Other _____

Referred to SLD Center by _____

Father's name _____ Age _____ Occupation _____

Highest grade completed _____ Highest degree _____

Employer Name/Address _____

Mother's name _____ Age _____ Occupation _____

Highest grade completed _____ Highest degree _____

Employer Name/Address _____

Brothers and Sisters:

Name	Age	Grade	Name	Age	Grade
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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First language spoken in the home _____ Second _____

Parents are: Married _____ Separated _____ Divorced _____ Widowed _____ Other _____

Name of step-mother or step-father _____

School Information

Age of child at entering school: _____ Years _____ Months Grades repeated _____

Schools attended:

Name	Grade
_____	_____
_____	_____

Have any other members of the family experienced difficulty with reading or spelling? _____ If yes, explain _____

Is your child reluctant to go to school? _____

How much does your child read voluntarily? _____

What does he/she read? _____

Do you read to your child? _____ How often? _____

List activities in or out of school in which he/she has been most successful _____

What is your child's reaction to his/her present school? _____

Is he/she frequently absent? _____

At what age was a reading problem noted? _____

Has the school reported the nature of the problem? Please explain? _____

What special help has your child received? _____

How would you describe your child's school problem? _____

Has he/she had any previous psychological or diagnostic testing? _____

If so, please explain. _____

Medical Information

Has he/she been seen by an ophthalmologist or an optometrist? _____

Name _____

Date and results of the examination _____

Has he/she had a hearing test? _____ Results of the examination _____

Have there been re-occurring ear infections? _____ At what age? _____

Is there any evidence to suggest the possibility of head injury? _____

Has your child had high fevers? _____ Is he/she epileptic? _____

Has your child been examined by a neurologist? _____

What were the results? _____

Has he/she any physical challenges that may limit their learning abilities? _____

(Please specify) _____

Is he/she overactive? _____ Is your child on medication? _____

Type of medication and dosage _____

Does your child have allergies? _____ Please specify _____

Developmental Information

At what age, approximately, did he/she sit up? _____ months At what age did he/she walk? _____

Was he/she a full-term (9 months) baby? _____ If not, how many weeks premature was he/she? _____ weeks

What was child's weight at birth? _____ lbs. _____ oz.

Were there any complications during pregnancy or at the time of birth? _____ If yes, explain _____

At what age was his/her speech understandable (to persons other than family)? _____ years _____ months

Was his/her talk still immature at the age of four or five (e.g. "Fink" for "think" / "dat" for "that")? _____

Has he/she had speech therapy? _____ When? _____

Has he/she ever tended to mix up the order of words in a sentence or to mix up parts of words? (e.g. "flutterby" for "butterfly" or "Did you lawn the mow?" for "Did you mow the lawn?") _____

Does he/she have difficulty expressing ideas verbally? _____

Can your child remember spoken directions? _____

Does he/she reverse any letters when writing (such as b-d, p-q)? _____

When reading? _____

Can he/she remember a short message word-for-word, or a telephone number? _____

Does he/she have trouble copying material from the board? _____

He/she is: _____ left-handed _____ right-handed _____ ambidextrous

Coordination is: _____ good _____ fair _____ poor

Has he/she ever had any difficulty in distinguishing left from right? _____

Social/Emotional Information

Does he/she have problems getting along with others? _____

Does he/she play with: _____ older children, _____ younger children, or _____ children of about the same age

Is he/she a leader or a follower? _____

Does he/she appear immature? _____

Does he/she have a short attention span? _____

Is there anything in your child's history that may have affected him/her emotionally (death, accident, divorce)? Please explain _____

Has he/she any nervous tendencies? _____ Please explain. _____

Does he/she feel inferior? _____

Is he/she a discipline problem: _____ at home? _____ at school?

Does he/she have temper tantrums? _____

Are there any social or emotional problems evident? Please explain _____

Signature of person completing this form _____

Relationship to child _____ Date _____