

School Information

Preparation (Complete where applicable)

Name of schools and grades attended, beginning with first grade:

_____ Grades Attended _____
 _____ Grades Attended _____
 _____ Grades Attended _____
 _____ Grades Attended _____

High School Diploma _____ Yes _____ No _____ Date Completed _____
 GED _____ Yes _____ No _____ Date Completed _____
 College _____ Yes _____ No _____ Degree _____

	Yes	No	If yes, describe
Were any grades repeated?			
Were there frequent school absences?			
Was there ever an Individualized Education Plan (IEP) or 504 plan in place?			
Has any previous psychological or diagnostic testing been completed?			By whom? When?

Health/Well Being

	Yes	No	If yes, describe
Have you been seen by an ophthalmologist or optometrist?			Name of Doctor: Date of Exam:
Are glasses/contacts worn?			
Have there been recurring ear infections?			
Have there been instances of a high fever?			
Is there any evidence of a possible head injury?			
Has there been an examination by a neurologist?			
Are there any physical challenges that may limit learning abilities?			
Has there been a diagnosis of ADD/ADHD?			
Are there any allergies?			

Development

	Yes	No	If yes, describe
Was birth premature?			
Were there any complications during pregnancy?			
Was speech still immature at the age of 4 or 5?			
Has there ever been any speech therapy?			
Are words ever mixed up verbally (ie: mow the lawn/lawn the mow or flutterby/butterfly?)			
Is there difficulty expressing ideas verbally?			
Are you able to remember spoken directions?			

	Yes	No	If yes, describe
Are letters reversed when reading and/or writing (ie: b/d, p/q)?			
List types of reading materials in your home?			
Are you able to remember a short message word-for-word, or a telephone number?			
Is there difficulty distinguishing right from left?			
Handedness (please specify): _____ left handed _____ right handed _____ ambidextrous			

Social/Emotional

	Yes	No	If yes, describe
Are you a leader or a follower?	_____ leader _____ follower		
Has there been anything in your personal history that may be affecting you emotionally (ie: death, accident, divorce)?			
Are there any nervous tendencies?			
Are there temper tantrums/outbursts?			
Are there any social/emotional problems evident?			

Permission to Release Information

In order to assist with educational planning, I hereby grant permission for SLD Read to communicate with the following:

- _____ agency (name) _____
- _____ school _____
- _____ professional _____
- _____ spouse/other _____

Permission is granted to release test results, evaluation information, and progress to the following, as named above:

- _____ agency _____ school _____ professional _____ spouse/other

Permission is also granted to use client's creative work and/or photograph for community awareness purposes: _____ Yes _____ No

DO NOT discuss my file with the following individual/s: _____

Signature of Client: _____ Date _____