

PARENT INFORMATION

Student: _____ DOB _____ Person Completing Form _____ Date _____

Family/Social:

1. Child's Parents & Guardians:

Name: _____ Occupation: _____

Natural Step Adopted Foster Guardian Grandparent/Relative

Name: _____ Occupation: _____

Natural Step Adopted Foster Guardian Grandparent/Relative

Name: _____ Occupation: _____

Natural Step Adopted Foster Guardian Grandparent/Relative

Name: _____ Occupation: _____

Natural Step Adopted Foster Guardian Grandparent/Relative

2. Are biological parents: Separated Divorced Deceased

3. Name, age and relationships of other's in the home:

Medical/Developmental

1. Describe any complications during pregnancy/birth:

2. Developmental Milestones: (Age) Walked: _____ Used Words _____ Used Sentences _____

3. Medical Issues: Any past or present problems with:

Hearing Vision_

Medical Diagnosis

Illnesses/Hospitalizations

Allergies

Medications

School History

1. Preschools attended

2. Has child ever been retained? No Yes What Grade (s) _____

3. General Attitude Toward School? Good Bad Indifferent

4. In regard to school, what:

Does your child like

Does your child dislike

Motivates your child

5. What are your goals for your child

6. What are your suggestions to improve your child's education

7. Describe any educational testing to date

Behavior Checklist (check all that apply)

Activity level: Active Inactive

Mood: Happy Depressed Indifferent Angry Changes moods often

Anxiety: Has a lot of fears Fearless

Attention: Good attention Inattentive Daydreams Demands/Needs a lot of attention

Interactions: Likes to be alone Likes to be with others Withdrawn/shy

Additional Comments: