

- Please indicate any medical problems your child previously had or currently has:

	<u>Previous</u>	<u>Current</u>		<u>Previous</u>	<u>Current</u>
Pneumonia	_____	_____	Meningitis	_____	_____
Ear Infection/Tubes	_____	_____	Heart Problems	_____	_____
Seizures/Convulsions	_____	_____	Kidney or Bladder	_____	_____
High Fevers	_____	_____	Allergies (specify)	_____	_____
Asthma	_____	_____			
Diabetes	_____	_____	Head Injury	_____	_____
ADHD	_____	_____	Loss of consciousness	_____	_____
Autism Spectrum Disorder	_____	_____	Mood/Anxiety	_____	_____
Other _____	_____	_____	Disorder (specify)	_____	_____

*Parent is reminded to provide any medical diagnosis that has educational relevance.

SOCIAL/BEHAVIORAL

- In comparison to most other children who are the same age as your child, how well does your child:

	Not as well as most	Average	Better than most
Socialize with other children and adults in the neighborhood			
Communicate with other children and adults in the neighborhood			
Perform tasks for self in the home and neighborhood such as dressing, feeding, bathing, toileting, chores, and other responsibilities			

- Please check if any of the following behaviors describe your child:
 ___ Inattentive ___ Temper Tantrums ___ Withdrawn ___ Unhappy/Depressed
 ___ Uncooperative ___ Aggressive ___ Hyperactive ___ Unmotivated
- Please comment on any behavior that particularly concerns you. _____

OUTSIDE SERVICES

- Has your child had any previous evaluations outside this school system (neurological, psychiatric, disability, etc.)? If YES, please describe and attach reports. _____

- Has your child received any special services or treatments outside of school (counseling, therapy, human services, or court system involvement)? If YES, please describe. _____

PARENT ASSESSMENT

- What are personal strengths that your child displays? _____

- What are personal weaknesses that your child displays? _____

- Please describe the problems with which you want help for your child. _____

- Do you have any suggestions about how the school can help your child? _____

Parent Signature

Date