

Gibson County School District

Parent Information for Initial Evaluation

Student: _____

DOB: _____

Person Completing Form: _____

Date: _____

Family/Social:

1. Mother's name: _____ natural { } step { } adopted { }
2. Father's name: _____ natural { } step { } adopted { }
3. Name, age, and relationship of other persons living in the home:

4. Parents separated? Yes { } No { } child's age at separation? _____
5. Parent's divorced? Yes { } No { } child's age at divorce? _____
6. Parent(s) deceased? Yes { } No { } Specify parent deceased and give child's age at each occurrence: _____

7. Who has legal custody or guardianship of this child? _____
8. Occupation of mother: _____ Father: _____
9. Number of moves since child entered school: _____
10. Describe child's interests and hobbies: _____

Medical/Development:

1. Describe any complications during pregnancy and/or birth: _____

2. At what age did child walk alone? _____
3. At what age did child first use words? _____
4. At what age did child first use sentences? _____
5. Describe any past or present difficulty with hearing. Also describe treatment and give child's age when treatment occurred: _____

6. Describe any past or present difficulty with vision. Also describe treatment and give child's age when treatment occurred : _____

7. Activity level as a toddler and preschooler: very high { } average { } very low { }

8. Describe any medication this child takes regularly: _____

9. Describe any serious illness or hospitalization and give child's age when this occurred:

10. Describe any allergies and allergy treatment: _____

School:

1. Give names of all preschools, kindergartens, and schools attended: _____

2. Has child ever been retained? _____ What grades? _____
Attended a transitional Kindergarten or first grade? _____
3. General attitude toward school: good { } bad { } indifferent { }
4. What subject(s) does your child like? _____
5. Dislike? _____
6. What are your goals for your child? _____

7. Do you have any suggestions for improving educational services for your child? _____

8. Describe any I.Q. or ability testing your child has had and give date of testing: _____

Behavior Checklist (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> excitable | <input type="checkbox"/> gives up easily | <input type="checkbox"/> unhappy or depressed |
| <input type="checkbox"/> inactive | <input type="checkbox"/> cries easily | <input type="checkbox"/> wants a lot of attention |
| <input type="checkbox"/> overactive | <input type="checkbox"/> puts self down | <input type="checkbox"/> daydreams a lot |
| <input type="checkbox"/> argues or fights often | <input type="checkbox"/> follows directions well | <input type="checkbox"/> complains of illness or pain |
| <input type="checkbox"/> has many fears | <input type="checkbox"/> plays well with others | <input type="checkbox"/> likes to be alone |
| <input type="checkbox"/> quiet or withdrawn | <input type="checkbox"/> has temper tantrums | <input type="checkbox"/> mood changes often |

Additional Comments: _____

