

Other children in the family

Name	Age	Grade	Present School	Any Educational or Emotional Issues

Is there a history of learning difficulties in your family ____ Yes _____ No

If yes, please explain

Briefly describe your child's relationship with you, your spouse, and other members of the family

MEDICAL DEVELOPMENTAL HISTORY

Child was _____ Full Term _____ Premature

Any complications during pregnancy (e.g., toxemia, diabetes, etc.)

If yes, please explain briefly

Complications immediately after birth (e.g., difficulty breathing, blue color etc.)

Check any problems in infancy

___ colic ___ talking ___ crawling ___ walking/running ___ sleeping
___ bedwetting ___ eating ___ general slow development

Child (check where applicable)

___ need glasses ___ wear glasses ___ has/had frequent ear infections
___ has allergies/asthma ___ has/had high fevers ___ has/had hearing difficulties
___ has/had seizures, convulsions, or staring spells
___ experienced injury/accident to the head

Explain any items checked:

EDUCATIONAL HISTORY

List all schools previously attended preschool to present:

School	Grade	Reason for change

Child writes with ___ right hand ___ left hand ___ uses both hands ___ mirror writer

Check where applicable:

___ Repeated grade (s) if so, grade(s) repeated _____

___ Received tutoring; if so subject(s) _____

___ Enrolled in special class, if so, what kind of class(es) _____

___ Receives/received physical/occupational therapy

___ Received/receives speech or language therapy

State child's best and worst subjects _____ Best _____ Worst

Child has been tested before ___ Yes ___ No

If yes, give date and location of testing _____

Child was diagnosed as ___ ADD ___ ADHD ___ Learning Disabled ___ other

Additional comments or information regarding child's schooling

SOCIAL/BEHAVIORAL HISTORY

Check where applicable:

- Independent lacks confidence stubborn dependent
- anxious easily distracted aggressive complains about school
- dishonest overly fearful withdrawn overly sensitive
- shy enjoys school moody self-centered
- passive makes friends easily confident easily frustrated
- prefers playing with much older children prefers playing with much younger children

PERMISSION FOR TESTING

We give our permission to test our son/daughter: _____

**The testing fee of (\$225.00 WISC \$125.00-Woodcock-Johnson, \$50.00- Other)
is due with this application and is non-refundable.**

Father

Date

Mother

Date