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214.400.5764

Student Information Packet

Child's Name:	Current Grade Level:
Parents:	Cell:
Home Phone:	Address:
Date of Birth:	Email:

This questionnaire will help us better understand your child. This information will also be used to write the final report. Background information is a requirement of all psychoeducational assessments to ensure the assessment is valid, reliable, and personalized to your child's needs. **Please let us know if there is any information you want excluded from the final report.** Feel free to use additional paper if you need it.

Section I.

Reason for Referral

1. Why have you requested this evaluation and what questions would you like answered by the evaluation?

Section II.

Family Background

1. Are there any immediate family members with learning or attention problems? If yes, please give a brief description.

2. Is the child adopted? _____ If so, at what age? _____ If known, please describe any background information of birth parents.
3. Please, provide the names and ages of your child's siblings.
4. How many changes of residence has your child experienced? How do you think these moves have affected your child?
5. Have there been any family tragedies? (i.e. death of significant friend or family member, accidents, abuse, parental separation or illness, sibling illness, natural disasters, divorce, etc.) If so, please describe how your child reacted to the events and give the age of your child when they occurred?
6. What individual and family activities do you participate in with your child?
7. Are there any other languages besides English spoken in the home and if so please list them here?
8. If you are co-parenting and/or either parent is remarried, please describe the relationship your child has with the other parent or parents and indicate the number of days the child spends with each parent.

Section III.

Health History

1. Please, indicate age of attainment for the following milestones:

_____ walking

_____ first words

_____ toilet trained

_____ rode bicycle

_____ read first word

_____ wrote name

Please add any additional, unusually late, or early developmental milestones:

2. Is your child currently taking any medication? If yes, please include the type, the purpose, the dosage, and any observed side effects.

3. Does your child have any vision or hearing problems?

4. What physical activities does your child participate in?

Section IV.

Academic History

1. Please list the schools your child has attended and the dates of attendance. After each school, briefly describe your child's school experience. Include any concerns you or your child's teacher may have had, or any special awards or honors: (i.e. grades, attendance, teacher comments, your child's attitude toward school, special education etc.)

Preschool:

Elementary School:

Middle School:

High School:

2. What are your child's academic strengths and challenges?

3. What extra curricular school activities has your child attended both past and present?

4. If your child has an IEP for Special Education or a 504 plan? If yes please bring a copy with you to the assessment.

Section V.

Social/Emotional Background

1. Please check the qualities that describe your child's general temperament and add any brief comments to help explain.

_____ Happy

_____ Sad or depressed

_____ Shy

_____ Restless

_____ Calm

_____ Kind to others

_____ Irritable

_____ Aggressive

_____ Explosive

_____ Out going

_____ Overly dramatic

2. Have you observed a dramatic change in your child's temperament? If yes, when did the change occur and under what circumstances?

3. How does your child interact with his/her age peers?
4. Does your child take a leadership role with peers or is he/she more of a follower?
5. Have there been any dramatic changes in your child's peer interactions? If yes, please describe to the best of your knowledge the circumstances and/or cause of the change.
6. What are your child's special interests or talents?
7. What special classes, clubs or sports teams has your child been involved with?
8. Do you have any concerns about your child's emotional development? If yes, please explain.

Reminder: Please make a note or leave out any information you do not want included in the background summary.