

Case History

Participant Name:	
Form Completed by:	Relationship to Participant:
Date Completed:	

Current School:
Current Grade:
Level of Inclusion:
Primary Language:

Present Medications:

Counseling/Therapy: type, frequency
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Parent 1:	Parent 2:
Age:	Age:
Occupation:	Occupation:
Highest Grade completed:	Highest Grade completed:

Parents (circle one): married living together separated divorced deceased: parent 1 or 2

Participant lives with:

both parents one parent other(specify): _____

Siblings:

- 1.
- 2.
- 3.

Please specify the family members that have been diagnosed with the following (e.g. Father, Mother, Maternal Aunt, Paternal Uncle, Cousin, etc):

Attention Disorders: _____

Behavior Challenges: _____

Emotional Challenges: _____

Learning Challenges: _____

Hearing Problems: _____

Autism Spectrum Disorders: _____

Speech and Language Challenges: _____

Intellectual Impairments: _____

Neurological Disorders: _____

Seizure Disorders: _____

Tic Disorders: _____

Anxiety Disorders: _____

Other: _____

We hold this and all information in the strictest confidence. Providing this information gives us a better understanding of your child and their individual needs.

Social Development

Which Most Accurately Describes your child:

0: Never 1: Occasionally 2: Sometimes 3: Frequently 4: Always

Question	#	Explain
Does your child get along with other children?		
Does your child get along with his/her siblings?		
Do your child's special interests interfere with socialization?		
Has your child experienced bullying?		
Does your child prefer to play or work alone?		
Does your child have an understanding of authority figures? (e.g. respects teachers, parents)		
Does your child understand and apply Time Management skills?		
Is your child easily frustrated?		
Does your child work well within a group setting?		
Is your child involved with extracurricular activities?		

IMPORTANT: Include a copy of the attendee's most recent evaluations that include, but are not limited to: Neuropsychological/Neurology Evaluations, Speech and Language Evaluations, Occupational Therapy Evaluations, Individualized Education Plans (IEPs), and/or 504 Forms.