

Case History

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

Background Information

Current School:	
Current Grade:	
Level of Inclusion:	
Primary Language:	
Present Medications:	
Counseling/therapy: type, frequency	
Parent 1:	Parent 2:
Age:	Age:
Occupation:	Occupation:
Highest Grade completed:	Highest Grade completed:
Parents:	
<p>married living together separated divorced deceased: parent 1 or 2</p>	

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

Questions:

Does your child get along with other children? Explain:

Does your child get along with his/her siblings? Explain:

Do your child's special interests interfere with socialization? Explain:

Has your child experienced bullying? Explain:

Does your child prefer to play or work alone? Explain:

Does your child have an understanding of authority figures? (e.g. behaves with adults. Explain:

Does your child understand and apply Time Management. Explain:

Is your child easily frustrated? Explain:

Does your child work well within a group setting? Explain:

Is your child involved with extracurricular activities? Explain:

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 Plan (IEPs), and/or 504 Plans.