

PARENTAL/GUARDIAN IN-PUT FOR EVALUATION

Dear _____,

We would appreciate your assistance in collecting information about your child as we begin the evaluation process. Feel free to add any additional information or comments that you feel are important. Please return this form to _____.

Student's Last Name: _____ Student's First Name: _____

Birth Date: _____ M/F _____ School District Attending: _____

Parent/Guardian Name _____ Home Phone: _____

Address: _____ City/Zip: _____

Child is presently living with:

Biological Mother Stepmother Adoptive Parent Foster Parent

Biological Father Stepfather Adoptive Parent Foster Parent

Other (Specify): _____ Language Spoken in the Home: _____

Best time(s) to contact parent/guardian by phone: _____

FAMILY

Parent 1 Name: _____ Occupation: _____

School: Highest grade completed _____ Special Assistance in School? (ex.: tutoring, etc.) _____

Medical/Emotional Concerns: _____

Parent 2 Name: _____ Occupation: _____

School: Highest grade completed _____ Special Assistance in School? (ex.: tutoring, etc.) _____

Medical/Emotional Concerns: _____

LIST STUDENT'S BROTHERS AND/OR SISTERS

	Name	Age	Medical/Social/School Concerns
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

PREGNANCY - Were there any complications during pregnancy with this child?

PARENT ACADEMIC CONCERNS and/or BEHAVIOR CONCERNS:

