

Information from Parents

Name \_\_\_\_\_ SSN \_\_\_\_\_ Medicaid # \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

Parents were contacted by  Letter  Telephone  Conference

Parents were contacted by \_\_\_\_\_ on \_\_\_\_\_  
 (School staff) (Date)

Family

|   |
|---|
| With whom does the student live?                                      |
| Who has legal authority to make educational decisions for this child? |

Primary language spoken in the home \_\_\_\_\_ Other languages spoken \_\_\_\_\_

|   |                   |              |   |                   |              |
|---|-------------------|--------------|---|-------------------|--------------|
| Father's name   | Age               | Occupation   | Mother's name   | Age               | Occupation   |
| Father's employer   | Work phone number |              | Mother's employer   | Work phone number |              |
| Father's highest grade completed:   |                   |              | Mother's highest grade completed:   |                   |              |
| Father's learning, attention, behavior, or medical problems? If so, please specify. |                   |              | Mother's learning, attention, behavior, or medical problems? If so, please specify. |                   |              |
|   |                   |              |   |                   |              |
|   |                   |              |   |                   |              |
| Other children in the home  | Age               | Relationship | Other adults in the home  | Age               | Relationship |
|   |                   |              |   |                   |              |
|   |                   |              |   |                   |              |
|   |                   |              |   |                   |              |
|   |                   |              |   |                   |              |

Have any of your blood relatives experienced problems similar to those your child is experiencing?  Yes  No  
 If yes, please describe:

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**Child Behaviors**

What are some of your child's strengths?

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Do you feel that your child is experiencing problems in school? What kind of problems?

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When were you first aware of the problem?

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What do you think is causing the problem?

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Has your child mentioned problems with school? How does he/she feel about the problem?

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Please describe your child's behavior at home. (For example, is he/she generally well-behaved? Have there been any recent changes in behavior? How does he/she get along with other family members, neighbors, and friends?)

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What does your child do when not in school? (For example, watch TV, read, do chores, work at part-time job, play with other children.)

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What activities does the family do together? (For example, watch TV, go camping, participate in hobbies, sports.)

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# Student Intervention Team (SIT)

# Form E

What methods of discipline are used with your child at home? (For example, spanking, extra chores, early bedtime, removal of TV and other privileges, rewards for good behavior.)

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What is your child's reaction to discipline?

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Have there been any important changes within the family? (For example, parent job changes, moves, births, deaths, illnesses, accidents, separations, divorce, remarriage, abuse incidents.)

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Briefly discuss any other important information about your child.

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## Health and Developmental History

Were there any problems before, during, or immediately after birth?  Yes  No

If yes, please explain.

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Compared with other children in the family, the child's development has been:

slower  about the same  faster

Describe any problems during infancy or early childhood with feeding, sleeping, or other areas such as difficulty being comforted, excessive restlessness or irritability, colicky, etc.

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Circle below the characteristics of your child's temperament when he/she was an infant and a toddler.

|   |                 |                      |                  |
|---|-----------------|----------------------|------------------|
| Activity level  | Low             | Average              | High             |
| Attention level   | Low             | Average              | High             |
| Adaptability—Dealing with changes   | Poor            | Good                 | Very good        |
| Approach/withdrawal—Responding to new things (e.g., places, people, food, etc.) | Poor            | Good                 | Very good        |
| Mood—What was your child's basic mood?  | Unhappy         | Average              | Very happy       |
| Regularity—How predictable was your child in patterns of sleep, appetite, etc.? | Not predictable | Somewhat predictable | Very predictable |

# Student Intervention Team (SIT)

# Form E

Briefly describe any childhood illnesses (e.g., measles, chicken pox, chronic ear infections, allergies, high fevers, or seizures), accidents (e.g., head injury, broken bones, stitches), and hospitalizations. Please give your child's age at the time of illness, accident, or hospitalization.

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Is your child under the care of a physician for a medical problem?  Yes  No If yes, please explain.

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Please indicate the date and results of your child's latest physical examination.

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Is your child now taking medicine?  Yes  No If yes, please describe reason for medication, type, dosage, and effect and side effects the medicine might have.

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Has your child ever taken medicine for a long period of time?  Yes  No If yes, please explain the reasons and effect.

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Does your child use any special equipment or technology to improve functioning?  Yes  No  
If yes, please explain.

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Is your child receiving services from another agency (e.g., tutoring, counseling, probation monitoring, etc.)?  
 Yes  No If yes, please explain.

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Has your child ever been evaluated before for neurological, psychological, psychiatric, speech language, learning, hearing, vision, or physical problems in the past?  Yes  No If yes, please explain and indicate dates of assessments.

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Would you be interested in parent training?  Yes  No If yes, in what areas?

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Signature

Date