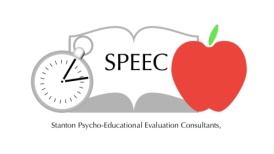
****

**PARENT INPUT FORM**

**Date:**

**Family Data**

Please place a star before student’s current address.

|  |
| --- |
| **Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gender (what gender does your child identify as):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Primary Language spoken at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Ethnic Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Home phone if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Stepparent/caretaker name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address if different from first one given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-Mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employer (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Brothers and Sisters/Individuals Living in Student’s Home**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relationship to Child | Age | Name | Relationship to Child | Age |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Brothers and Sisters Living Outside Student’s Home**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship to Child | Age | Name | Relationship to Child |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Marital Status - Check applicable marital status. If custody is held by only one parent or someone other than the child’s parents, please attach copy of the most recent court order to completed Parent/Guardian Input form.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent | Single | Married | Widowed | Separated | Divorced | **Deceased** |
| **Mother** |  |  |  |  |  |  |
| **Father** |  |  |  |  |  |  |

**Caretakers/Placements:**

|  |
| --- |
| If the student is living with a caretaker, how old was the student when the placement occurred? Please explain reason for this placement or multiple placements. If the student has had multiple placements, do make a chronological list of multiple placements and the reason for movement from each placement. Do note what if any contact the student has had with parent(s) over the past two years. |
|  |

**Adoption or Adoption Processing**

|  |
| --- |
| Are adoption proceedings currently processing for the student? \_\_\_\_\_\_\_\_\_ Was student legally adopted by one or both current parents? \_\_\_\_\_\_\_ If your response is “yes” to either of this section’s questions, does student know of his/her adoption? \_\_\_\_\_\_\_. Please explain circumstances and age of adoption. |

**Reason for Student’s Referral for Educational Evaluation**

|  |
| --- |
| Explain the reason(s) your child has been referred for an educational evaluation. Describe also, your child’s performance in these areas of concern as you have observed them at home. Examples are most helpful. |

**Prior Instructional Support, Child Study & Multidisciplinary Team Assessments**

|  |
| --- |
| Has your child ever been processed through a school’s Instructional Support, Child Study or Multidisciplinary Team? If yes, describe when, where and the actions recommend, tried and their degree of success. |

**Prior Evaluations**

|  |
| --- |
| Has your child received any prior educational, medical, psychological and/or psychiatric evaluations related to your child’s referral issues? \_\_\_\_\_\_\_ If yes, list when, where, with whom and the type of the other evaluation(s) completed. Attach copies of earlier evaluations to this completed Parent/Guardian Input form. |

**Prior Special Education Services**

|  |
| --- |
| Has your child received any prior special education services? \_\_\_\_\_\_ If yes, describe type(s) of services received, length of service and the school attended. Attach a copy of most recent Individual Education Plan (IEP). |
|  |

**Educational History**

List previous primary and secondary schools outside that your child has attended including; his/her dates of attendance, indicate any grades repeated, summarize achievement history from both report cards and standardized tests, and his/her patterns of attendance explaining extended periods of absence. Attach documents from other districts to this completed Parent/Guardian Input form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Schools & Note Grades Repeated** | **Dates of Attendance** | **Summary of Report Cards & Standardized Test** | **Pattern of Attendance & Reason for extended absences** |

**Parent/Guardian Assistance and its Success**

|  |
| --- |
| How have you tried to help your child with his/her academic work? What have you found most useful to do? |

**Homework Assignments**

|  |
| --- |
| Describe the challenges you and your child have experienced at home as your child has tried to complete homework assignments. If any problems have occurred, how have you dealt with them? For instance, do you help structure your child’s homework time in any way? Do give examples. |

**Student’s Perception of School Challenges**

|  |
| --- |
| How does your child perceive the academic challenges you have documented? How is he/she dealing with the problems you have described? |

**Behavioral & Emotional Responses**

**Student’s Behavioral Strengths**

|  |
| --- |
| What behaviors in your child do you like and see as strengths? Do give examples.How are you nurturing these behaviors? |

**Student’s Behavioral Needs**

|  |  |
| --- | --- |
| What behaviors in your child cause you concern and see as needs? Do give examples. | |
| How are you addressing these behaviors? |

**Student’s Behavior in General**

|  |
| --- |
| Describe your child’s behavior at home. How does your child get along with other family members, neighbors and peers? Have there been any recent changes in your child’s behavior**?** |

**Challenging Behaviors**

|  |
| --- |
| Over the last six months, what are the behaviors that have been the most challenging for you to deal with in relationship to your child? What have you found most effective to do when these behaviors are present? |

**Behaviors: check the behaviors your child has exhibited.**

|  |  |  |
| --- | --- | --- |
| **\_\_\_seems responsible**  **\_\_\_cries easily**  **\_\_\_has short attention span**  **\_\_\_often sad**  **\_\_\_work on own project**  **\_\_\_is moody**  **\_\_\_prefers to be alone**  **\_\_\_wanders** | **\_\_\_cares for personal belongings**  **\_\_\_is usually cheerful**  **\_\_\_wants to stay home from school**  **\_\_\_sets fires**  **\_\_\_has temper tantrums**  **\_\_\_follows verbal directions easily**  **\_\_\_is teased frequently**  **\_\_\_is disorganized** | **\_\_\_uses alcohol or illegal drugs**  **\_\_\_performs assigned chores**  **\_\_\_Is polite**  **\_\_\_easily distracted**  **\_\_\_teases peers**  **\_\_\_often refused to do what asked**  **\_\_\_has appropriate self-help skills**  **\_\_\_blames others** |

**Examples of Behaviors to Note**

|  |
| --- |
| Describe and give examples of behaviors noted in the preceding section |

**Student’s intentions to Hurt Self for Others**

|  |
| --- |
| Describe incidents, if applicable, in which your child has hurt himself/herself or someone else or has talked about wanting to do so. What, if any action was taken as the result of such incident(s)? |

**Support of Other Community Providers**

|  |
| --- |
| Has your child received support from any of the following public or private community services: early intervention, mental health professionals (social worker, psychologist, or psychiatrist); Children Youth and Family Services, juvenile court or probation officer, domestic violence center? \_\_\_\_\_\_\_ If yes, describe type, frequency, length and effectiveness of support. Do note child’s age at the time support began. |

**Medical History**

**Student’s Medical Conditions**

|  |
| --- |
| If you child have significant medical problem(s), describe each condition, diagnosis, the current treatment and prognosis |

**Hospitalizations**

|  |
| --- |
| List any hospitalizations your child has had. For each hospitalization, list year, length of stay, reason for admission, treatment and type of surgery (if applicable). Do include hospitalizations for drug, alcohol and or psychiatric treatments. |

**Outpatient Treatment**

|  |
| --- |
| List outpatient medical treatment your child has had within the last two years. For each condition, list initial date of treatment, reason for treatment, frequency of treatment and goals of treatment**.** |

**Medical Impact on Student’s School Experience**

|  |
| --- |
| If your child has a medical condition(s), what impact, if any, has each condition appeared to have on your child’s school learning and school experiences? |

**Medical Conditions of Note – check conditions your child has had**

|  |  |  |
| --- | --- | --- |
| **\_\_\_ Allergies**  **\_\_\_ Ear infections**  **\_\_\_ Meningitis**  **\_\_\_ Asthma**  **\_\_\_ Epilepsy**  **\_\_\_ Mononucleosis**  **\_\_\_ Attention difficulties**  **\_\_\_ Frequent colds**  **\_\_\_ Mumps** | **\_\_\_ Broken bones**  **\_\_\_ Frequent headaches**  **\_\_\_ Pneumonia**  **\_\_\_ Bronchitis**  **\_\_\_ Frequent sore throats**  **\_\_\_ Rheumatic Fever**  **\_\_\_ Chicken pox**  **\_\_\_ Frequent stomach upsets**  **\_\_\_ Tonsillitis** | **\_\_\_ Constipation**  **\_\_\_ Hearing problems**  **\_\_\_ Tuberculosis**  **\_\_\_ Cramps**  **\_\_\_ Hepatitis**  **\_\_\_ Vision problems**  **\_\_\_ diabetes**  **\_\_\_ Measles**  **\_\_\_ Wets bed** |

**Explanation of Medical Conditions of Note**

|  |
| --- |
| Explain the severity of medical conditions noted in the preceding section. |

**Medication**

|  |
| --- |
| Is your child on any medication at this time? \_\_\_\_\_\_ If yes, list the name of the medication, their daily dosage and the condition each medication is treating. |

**Basic Medical Information**

|  |
| --- |
| Please list your child’s primary care physician, address, telephone and fax numbers. If your child has been evaluated by a specialists, list each specialist, address, telephone and fax numbers. Medical information is only obtained after a parent or guardian gives written authorization specifically releasing such. We may want to contact your child’s doctor following an initial team meeting to help us understand any educational implications of your child’s medical condition(s). |

**Prenatal, Birth & Post Delivery**

|  |
| --- |
| Were there any significant complications during the pregnancy, delivery, or immediately after the birth of your child? \_\_\_\_\_\_ If yes, explain in detail. Examples of common complications are listed below for your use. Pregnancy: excessive vomiting, excessive staining, blood loss or threatened miscarriage; infections; measles; operations or other illnesses, or toxemia. Delivery: induced labor, long labor, breach or caesarean delivery, low weight at birth, cord around neck; lack of oxygen; hemorrhaging, or injury during delivery. Post-delivery: long stay of child in hospital following birth, jaundice, cyanosis (turned blue), incubator care, infection, any abnormalities in child’s physical condition noted. |

**Activities**

|  |
| --- |
| What does your child like to do? What activities does he/she do when there is leisure time? |

**Major Changes in Environment**

|  |
| --- |
| Have there been major changes in your child’s environment during the last few years that might also be effecting her/her development and learning at school that earlier questions have not examined? \_\_\_\_\_ If yes, do give examples. |

**Learning Style**

|  |
| --- |
| Do you find your child usually responds better to a visual cue (not a picture), to a verbal statement and or to personal assistance/demonstrations? In other words, what approach or combination of approaches usually works well to help your child learn? If your approach differs frequently, please explain how you decide what to do in a specific instance. |

**Developmental Information**

**Attachment**

|  |
| --- |
| Describe your child’s attachment to you and other caretakers. What if anything did you do to strengthen your child’s attachment to you and other caretakers? What did you did successful? For instance, did your child enjoy cuddling as an infant? Was your child calmed by being held or was it difficult to comfort him/her? Did your child separate from you or another caretaker to a babysitter, daycare or school without any major difficult? Do give examples of significant growth changes in your child’s attachment experience. |

**Speech and Language Development**

|  |
| --- |
| Describe your child’s development in the areas of speech and language. Give examples of significant growth changes in your child’s experience of learning speck should, making words understood, learning new words, speaking in sentences and using language to communicate his/her needs If you recall your child’s approximate age at the time of these events, do include this information. |

**Gross Motor Development**

|  |
| --- |
| Describe your child’s gross motor development. Give examples of significant growth changes in your child’s experience of learning to walk, run, climb, tide a tricycle/bicycle and participate in individual and team sports. If you recall your child’s approximate age at the time of these events, do include this information |

**Behaviors and Habits**

|  |
| --- |
| We are particularly concerned to note if your child has exhibited behaviors that might lead to personal injury to himself/herself at school. We want to make certain his/her learning environment is a safe one.  Has your child exhibited either frequent head banging or is your child eating non-food items? Do give examples and note frequency of such behaviors or any other behaviors you consider possible safety concerns for your child at school |

**Fine Motor Development**

|  |
| --- |
| Describe your child’s fine motor development. Give examples of significant growth changes in your child’s experience of learning to trace, copy, write, draw, use scissors and other tools, button, zipper and snap items. If you recall your child’s approximate age at the time of these events, do include this information. |

**Symbolic Play Skill Development**

|  |
| --- |
| Describe your child’s development of symbolic play. Give examples of significant growth changes in your child’s experience of learning to use objects in play and play out adult and story/movie character roles. If you recall your child’s approximate age at the time of these events, do include this information |

**Activity Level**

|  |
| --- |
| Describe your child’s activity level. Is your child restless, “hyper,” and into everything or lethargic and have little activity/interest in his/her environment? \_\_\_ If your child’s activity level has changed significantly during his/her life, do describe the change and note any reasons you know that may have contributed to the change. Do give examples to describe your child’s current activity level. |

**Attention/Concentration**

|  |
| --- |
| Describe your child’s development of attention/concentration skills. If your child’s attention, concentration level has changed significantly during his/her life, do describe the change and note any reasons you know that may have contributed to the change. Do give examples to describe your child’s current attention/concentration level |

**Self-Care Skills**

|  |
| --- |
| Describe your child’s development of self-care skills. Give examples of significant growth changes in your child’s experience of learning to feed himself/herself as an infant, develop regular sleeping habits, become toilet trained, feed himself/herself as a young child and bath and dress himself/herself. If you recall your child’s approximate age at the time of these events, do include this information |

**Learning**

|  |
| --- |
| Describe your child’s experience of learning colors, shapes, numbers, letters and the understanding and remembering of directions. Give examples of significant growth changes observed. If you recall your child’s approximate age at the time of these events, do include this information. |

**Playing and Working with Peers**

|  |
| --- |
| Describe your child’s experience of learning to share, show interest in being with other children, develop friendships and join in playing cooperative games. Give examples of significant growth changes observed. If you recall your child’s approximate age at the time of these events, do include this information. |

**Known Family Medical History – Check applicable boxes; then describe in more depth beneath table**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Areas of known Concern** | **Birth Mother** | **Birth Father** | **Siblings** | **Extended Family Members** |
| Allergies |  |  |  |  |
| Death-note cause/year below |  |  |  |  |
| Diabetes |  |  |  |  |
| Frequent headaches |  |  |  |  |
| Hearing problems |  |  |  |  |
| Hypertension |  |  |  |  |
| Major illness, accident or surgery |  |  |  |  |
| Mental retardation |  |  |  |  |
| Sinus problems |  |  |  |  |
| Speech problems |  |  |  |  |
| Stroke |  |  |  |  |
| Vision problems |  |  |  |  |

**Explanation of Know Family Medical History**

Describe and give examples of items noted in preceding table. Indicate their extent of impact on your child.

|  |
| --- |
|  |

**Known Family School & Behavioral History – Check applicable boxes**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Areas of known Concern** | **Birth Mother** | **Birth Father** | **Siblings** | **Extended Family Members** |
| Significant attention difficulties at school |  |  |  |  |
| Learning difficulties at school |  |  |  |  |
| Emotional/behavioral difficulties at school |  |  |  |  |
| Behavioral difficulties-home, community |  |  |  |  |
| Received Special Education services |  |  |  |  |
| Substance abuse problems-drugs/alcohol |  |  |  |  |
| **Identified mental health diagnosis/condition:** |  |  |  |  |
| Autism/Asperger’s |  |  |  |  |
| Bipolar Personality |  |  |  |  |
| Intermittent Explosive Behavior |  |  |  |  |
| Major Depression |  |  |  |  |
| Obsessive Compulsive Behavior |  |  |  |  |
| Schizophrenia |  |  |  |  |
| Other-explain below |  |  |  |  |
| Medication for mental health conditions  Treated for emotional/behavioral difficulty |  |  |  |  |

**Explanation of Know Family, School & Behavioral History**

|  |
| --- |
| Describe and give examples of items noted in the preceding table. Indicate their extent of impact on your child |

**Extra Writing Space**

|  |
| --- |
| Use this page as extra writing space. Do identify the question’s heading; then complete your response. In addition, if you have other information you want our team to know, to assist in discussion of your child’s educational needs; do not hesitate to write these thoughts. |