

HUMBLE INDEPENDENT SCHOOL DISTRICT
Special Education Department

PARENT INFORMATION FORM

Date _____ Name of person completing this form _____

Student Name _____ School _____

Date of birth _____ Social Security Number _____

I. REASON FOR REFERRAL

What are your concerns about your child's functioning at school? _____

When were you first aware of this problem? _____

What do you think is causing the problem? _____

What questions would you like answered about your child? _____

II. GENERAL INFORMATION

Father's Information	Mother's Information
Name:	Name:
Address:	Address: (Check here if all contact info is the same <input type="checkbox"/>)
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-mail	E-mail

With whom does your child live? Please specify names, ages and relationship of all residing with your child:

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of person who has legal custody/guardianship of your child: _____

If both parents are employed, who cares for your child during the time when he/she is not at school?

Name _____ Address _____
Phone # _____

If your child attends a private school: Name of school _____

Address _____ Phone # _____

List any previous medications your child has ever taken for a long period of time _____

Please check if your child has had any of the following, and explain:

- Surgeries
- Major accidents or hospitalization
- Seizures
- Blurry vision, double vision, corrective lenses
- Difficulty with hearing instructions, TV or friends
- Allergies
- Ear Infections
- Specialized testing such as EEG

Please explain any item checked above: _____

Has your child's hearing been tested? _____ If yes, when? _____ Normal? _____ If not, please explain

Do any siblings and/or family members have reading or other learning difficulties, speech, language, or hearing problems, and/or any medical diagnoses? _____ If yes, please explain _____

Describe your child's eating habits (meals, favorite foods, quantity, frequency, aversions, etc.) _____

Describe your child's sleeping habits (any problems)? _____

V. SOCIAL ADJUSTMENT

Please describe any behavioral concerns you have regarding your child. _____

When do you see this behavior(s), how long does it last, and how often does it occur? _____

Have there been any recent changes in your child's behavior? _____ If yes, please describe _____

How would you describe your child's relationships with family members? _____

How would you describe your child's relationships with friends/playmates? _____

Please check the words that are most descriptive of your child:

- Cooperative
- Easily Upset
- Independent
- Withdrawn
- Mood swings
- Happy
- Self-confident
- Impulsive
- Short attention span
- Unhappy most of the time
- Requires much parental attention
- Has lots of fears
- Overreacts with problems
- Overly energetic in play
- Easily discouraged
- Withholds affection
- Understands quickly
- Has a lot of anger
- Overly aggressive
- Makes and keeps friends

Please comment about any of the items that you checked: _____

When comparing your child with other children of the same age, does he/she:

	Yes	No
Adapt to new situations (parties, trips, etc)?		
Accept responsibility (personal items, family chores, errands, money)?		
Complete self help skills independently (eating, cleanliness, appearance, care of possessions, traveling around the neighborhood, use of leisure time, etc)?		
Respond appropriately to praise or correction?		
If you checked no for any item, please explain:		

Please describe your methods of discipline: _____

Who enforces the discipline? _____

Describe your child's reaction to being disciplined: _____

Please describe your child's interests and activities: _____

VI. EDUCATIONAL HISTORY

Does or did your child attend preschool? _____ If so, at what age _____

of days or hours per week _____

Any difficulties in preschool? _____

Please indicate whether your child has had any of the following school experiences:

- Changed schools frequently
- Has been retained a grade
- Has skipped a grade
- Has difficulty with reading, spelling or math (circle which one)
- Gets poor grades in school
- Dislikes going to school
- Is absent from school frequently
- Attended summer school
- Received private tutoring
- Attended school outside the district
- Has been home schooled
- Tested for special ed.(outside district)
- Qualified for special ed.(outside district)
- Tested for special ed. (in district)
- Qualified for special ed. (in district)
- Currently has an I.E.P.
- Taken TAKS (reading, writing, math)

If you have checked any item above, please comment:

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

VII. COMMUNICATION

Do you have any concerns related to your child's speech? ____ If yes, please explain_____

Has your child ever been tested for a speech problem? ____ If yes, please explain_____

Has your child ever received speech therapy? ____ If yes, where _____
When_____ how long_____

Does your child appear to have difficulty with any of the following? Check and explain any that apply

- Articulation (sound production) _____
- Language: expressive (thoughts) _____
 - receptive (understanding) _____
- Communication (speaking in sentences) _____
- Fluency (stuttering) _____
- Voice (hoarseness, unusual sounds) _____

At what age did your child:

Attend to the speaker_____

Babble/imitate sounds_____

Use single words_____

Use two-three word phrases_____

Start to name objects_____

Use words to make requests_____

Does your child like to be read to?

Yes

No

Can your child rhyme words?

Yes

No

Can your child follow spoken directions?

Yes

No

Can your child tell a story?

Yes

No

Can your child answer questions about a story he or she has heard?

Yes

No

How does your child best communicate?

Gestures

Sign Language

Speaking

Communication device

Please feel free to share any additional information that you feel would be helpful for us to know in order to help your child.