

Have any siblings or parents been diagnosed with significant medical problems? yes no
If yes, please give details:

Have any siblings or parents been diagnosed with LD or ADHD? yes no
If yes, please give details

DEVELOPMENTAL HISTORY:

Birth History: Where there any problems during mother's labor? yes no
If yes, please give details:

Was the delivery - On-time Early Late
If early or late, how long:

Was he/she delivered by Cesarean section? yes no

Birth weight if known:

Where there any complications at birth (cord around neck, meconium inhalation, difficulty breathing/anoxia, blue baby, other?) yes no
If yes, give details:

Was there any need for special treatment or extra days at the hospital after birth? yes no
If yes, give details:

Developmental Milestones:

Were motor milestones reached at the appropriate ages? yes no
If no, give details:

Were language milestones reached at appropriate ages? yes no
If no, give details:

Was any speech/language therapy required during childhood? yes no
If so, give details:

Was there any physical or occupational therapy required? yes no
If so, give details:

MEDICAL HISTORY:

When **growing up**, were there any **significant illnesses or injuries** that affected future life? yes no
If so, please describe:

Were there frequent ear infections as a young child? yes no
Were ear tubes placed for fluid damage?

Was there any visual problems? yes no
If so, what type:

Does he/she wear **glasses?** (circle) yes no

-Kidney disease or renal failure yes no
-HIV, AIDS, or other problems with immune system disorder yes no

Please list any current medical symptoms or problems not listed above:

EDUCATIONAL HISTORY:

Pre-School:

Was he/she placed in any early childhood or special pre-school program to address problems with speech or other disability?
If so, give details:

Elementary School (grades K to 5)

Circle school setting and what years Public school K 1 2 3 4 5
 Private school K 1 2 3 4 5
 Home schooled K 1 2 3 4 5

Compared to other children in elementary school, was there any particular difficulty with:

Reading Spelling Writing Math

During grades K through 5, was there any special testing for ADHD or LD (reading disability or dyslexia, math disability, writing difficulty or dysgraphia, processing speed deficit, nonverbal learning disability) by a doctor, school, or other agency?

As a result of the testing, did the school implement a formal Individualized Education Program (IEP) or 504 plan?

Circle any of the following placements -Special Education -Content Mastery -Formal tutoring

Were there formal or informal accommodations in any classes to address problems? yes no
If so what accommodations?
Did they help?

What were typical grades in elementary school? A B C D F

What were his/her strengths or best school subjects?

What were his/her weaknesses or worst school subjects?

Was he/she placed in a gifted-and-talented program?

Did any grades change significantly during any particular school year?

Did he/she repeat any grades? If so please explain:

Did he/she attend summer school to make up for poor grades?
If so, please give details:

Was there any major stressors during grades K to 5?
If so, explain:

Were there any behavioral problems in school (frequent detentions, notes sent home from the teacher, suspensions, etc.)?

Were there any behavioral problems at home during these school years?

If so, please give details:

Was there any difficulty making or keeping friends during elementary school?

If so, please give details:

Middle School (6-7-8)

Circle school setting and what years	Public school	6 7 8
	Private school	6-7-8
	Home schooled	6-7-8

Compared to other children in middle school, was there any particular difficulty with:

Reading	Spelling	Writing	Math
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During grades 6 through 8, was there any special testing for ADHD or LD (reading disability or dyslexia, math disability, writing difficulty or dysgraphia, processing speed deficit, nonverbal learning disability) by a doctor, school, or other agency?

As a result of the testing, did the school implement a formal Individualized Education Program (IEP) or 504 plan?

Circle any of the following placements -Special Education -Content Mastery -Formal tutoring

Were there formal or informal accommodations in any classes to address problems?

If so what accommodations?

Did they help?

What were typical grades in middle school? A B C D F

What were his/her strengths or best school subjects?

What were his/her weaknesses or worst school subjects?

Was he/she placed in a gifted-and-talented program?

Did his/her grades change significantly during any particular school year?

If so, please explain:

Did he/she repeat any grades in middle school?

If so please explain:

Did he/she attend summer school to make up for poor grades?

If so, please give details:

Did any major stressors occur during grades 6-8?

If so, explain:

Were there any behavioral problems in school (detentions, notes sent home from the teacher, suspensions, etc.)?

Were there any behavioral problems at home during these school years?

Was there any difficulty making or keeping friends during middle school?

High School (9th-12th grades)

Circle school setting and what years	Public school	9 10 11 12
	Private school	9 10 11 12
	Home schooled	9 10 11 12

Compared to other students in high school, did he/she have any particularly difficulty with:

Reading Spelling Writing Math

During high school, was there any special testing for ADHD or LD (reading disability or dyslexia, math disability, writing difficulty or dysgraphia, processing speed deficit, nonverbal learning disability) by a doctor, the school, or other agency?

As a result of the testing, did the school implement a formal Individualized Education Program (IEP) or 504 plan?

Circle any of the following placements -Special Education -Content Mastery -Formal tutoring

Were there any formal or informal accommodations in any classes to address problems?

If so what accommodations?

Did they help?

What were typical grades in high school? A B C D F

What is his/her GPA if known?

What are his/her strengths or best school subjects?

What are his/her weaknesses or worst school subjects?

Has he/she been placed in a gifted-and-talents program?

Has he/she taken any advanced courses including pre/AP, AP, or dual -college credit courses?

If so, what courses?

Did grades change significantly during any particular school year?

If so, please explain:

Did he/she repeated any grades in high school?

If so please explain:

Did he/she attended summer school to make up for poor grades?

If so, please give details:

Have any major stressors occurred during grades 9-12?

If so, explain:

Have there been any behavioral problems in school (detentions, notes sent home from the teacher, suspensions, etc.)?

Have there been any behavioral problems at home during these school years?

Did he/she have any difficulty making or keeping friends during high school?

If so, please give details:

College Entrance Exams:

If taken, what were the test scores on the PSAT SAT ACT THEA
If taken on more than one occasion, please give scores for each.

Did he/she apply for accommodations on any college entrance exam?

If given, what were the accommodations?

OCCUPATIONAL HISTORY:

If currently employed: Where does he/she work?
For how long?
What is his/her job title and typical duties?

PSYCHIATRIC HISTORY:

Please circle if he/she has been **diagnosed by a psychiatrist, physician, or psychologist** with any of the following:

- | | |
|--|---------------------------------------|
| Depression | PTSD (post traumatic stress disorder) |
| Bipolar Disorder (manic depressive disorder) | Psychosis |
| Anxiety | Schizoaffective Disorder |
| Phobias | Schizophrenia |
| Anxiety/Panic Attacks | Other: |
| Obsessive-Compulsive Disorder | |

Is he/she currently seeing a psychiatrist, psychologist, psychotherapist, or counselor? Circle: yes no

If yes:

Name of doctor	How Long	Condition Being Treated	Specialty of Doctor
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In the past, did he/she see a psychiatrist, psychologist, psychotherapist, or counselor? Circle: yes no

If yes:

Name of doctor	How Long	Condition Being Treated	Specialty of Doctor
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Has he/she ever been **hospitalized for a psychiatric or emotional problem**? Circle: yes no

If yes:

Name of Hospital	Date	Condition Being Treated
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Have there been any **major changes or recent stressors**? Circle: yes no

If so, please explain briefly:

What **medications in the past** were prescribed for psychiatric difficulty?

FAMILY HISTORY OF PSYCHIATRIC PROBLEMS:

Have any of his/her siblings or parents been diagnosed with a psychological/psychiatric problem including substance abuse?
If yes, please give details:

<u>Relationship</u>	<u>Type of Problems</u>
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LEGAL HISTORY

Has he/she ever been arrested or convicted of any criminal offense? yes no
If yes, please list: