Revised March 10, 2010

PARENT INFORMATION TO SEND WITH REFERRAL TO ESU #8 FOR PSYCHOLOGICAL AND/OR SPEECH-LANGUAGE SERVICES (Preschool/Early Childhood)

Your child has been referred for psychological and/or speech-language evaluation. Information from parents is very important in gaining a full understanding of your child. Please answer all questions completely, to the extent that you feel comfortable. Please use more paper if you need to. If this is a reevaluation, information about your child's educational, social and behavioral growth since the previous evaluation is especially important.

I. Family Information

Student Name:______________________Birth Date:_____________Age:_________Grade:_______Sex: M ☐ F ☐
Mother's Name:______________________Occupation:_________________________Work Phone:________________
Father's Name:______________________Occupation:_________________________Work Phone:________________
Home Phone:_________________Best time to phone:___________Home Address:____________________________
Primary language spoken in home:_______________________
Student lives with: ________________________________**Please describe any special family circumstances**.

List names and ages of siblings:____

Please explain if any brothers, sisters, or other relatives have had difficulty in school or other disabilities, such as speech/language problems.

II. Developmental History

What age did your child:	Years/Months		Years/Months
sit alone	_____/________	walk alone	_____/________
say two words together (e.g. milk, please)	_____/________	stop wetting the bed	_____/________
become daytime toilet trained	_____/________		

Does your child:

drink from regular cup	Yes ☐ No ☐	
use spoon or fork	Yes ☐ No ☐	
help with dressing	Yes ☐ No ☐	
sit and listen to story being read	Yes ☐ No ☐	
have sleeping habits that concern you	Yes ☐ No ☐	If yes, what:

III. Medical History

Name of Child's Doctor(s): Address(es): Date of last visit:

Describe any problems during pregnancy (e.g. early labor, blood pressure, prescribed bed rest, fluid retention) or delivery (e.g. premature birth, oxygen deprivation.)

Has your child ever received care for medical, emotional, behavioral, or genetic reasons such as: birth related difficulties ☐, genetic disorder ☐, seizure disorder ☐, speech or hearing difficulties ☐, Attention-Deficit/Hyperactivity Disorder ☐, childhood depression ☐, anxiety ☐, high fever ☐, allergies ☐, ear infection ☐, staph infection ☐, hard fall or blow to the head ☐ (concussion ☐, blurred vision ☐, loss of consciousness ☐, nausea ☐), drug or alcohol related disease/effect ☐, or other ☐ ____________________? **If yes, please describe and say if child is still receiving care for it.**

Has your child had hearing tested? Yes ☐ No ☐ **If yes, what were the results:**
Has your child had vision tested? Yes ☐ No ☐ **If yes, what were the results:**
If your child takes prescribed medication or herbal remedies, please give its name, the dosage, and what it is for.

Please describe any known disabilities (or verified handicaps). When did you first become aware of the condition and how was the disability discovered? Please include a copy of any previous evaluations, which were not done by ESU #8 personnel that relate to the disability or your concern.

IV. Language and Communication (Please check the things below that describe your child)

Difficult to understand: leaves out sounds ☐ substitutes sounds ☐ difficulty imitating sounds or words ☐

Doesn't follow simple directions: one step directions (e.g. go get your ball ☐ two step directions (e.g. go get your ball and put it in the toy box) ☐

Limited vocabulary-difficulty labeling familiar objects or people ☐

Not able to point to or identify pictures in books ☐

Doesn't use: 3-5 word utterances ☐ 4-6 word utterances ☐ 5-8 word utterances ☐

Doesn't answer simple questions (who, what, where, when) ☐ Doesn't ask questions ☐

Doesn't use "ing" on verbs ☐ Doesn't use "ed" on verbs ☐ Doesn't use negatives ☐

Describe speech-language problem in more detail: How often does the problem occur? Where does it occur?

V. Your Child

Has your child attended preschool? Yes ☐ No ☐

What concerns do you have for your child?

What are you doing at home to help with these concerns? Is it working? Please be specific. (discipline used, rewards, spending individual time with child, etc.)

Please describe your child with two or three words.

Describe your child's strengths. (What does she/he do well?)

Describe your child's weaknesses. (What is difficult?)

What are your child's favorite activities?

Describe how your child plays with other children.

Describe how your child interacts with adults.

What responsibilities does your child have at home?

Describe your child's behavior at home. How does this compare to his/her behavior when you are in public?

Describe your child's response to new situations.

Are there concerns that you would like to discuss in person with the psychologist, speech pathologist, or early childhood educator that you don't want to write on this form? Yes ☐ No ☐
If yes, with whom would you like to visit?