

**PARENT INFORMATION TO SEND WITH REFERRAL TO ESU #8 FOR
PSYCHOLOGICAL AND/OR SPEECH-LANGUAGE SERVICES (School Age)**

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 for first time referral to ESU #8

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

III. Medical History

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

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 problems with vision or hearing? **If yes, please describe:**

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 your child does)

- Says words incorrectly by omitting, substituting, or distorting sounds.
- Has difficulty communicating ideas verbally. Explanations may be unclear.
- Does not seem to understand what is being said to him/her.
- Does not seem to understand ideas or use words dealing with time (e.g. yesterday, tomorrow, later).
- Has limited vocabulary, uses words such as "stuff", "thing", etc.
- Has difficulty remembering the names of places, people, or things.
- Has difficulty remembering and/or following directions.
- Has difficulty giving directions or instructions.
- Has difficulty explaining why or making predictions (telling what might happen next).
- Stutters or stammers when talking.
- Has hoarse, harsh voice most of the time.

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

V. School/Educational Background/Status

Did your child attend preschool? Yes No
List grade levels repeated.

List other schools your child has attended.

What concerns do you have for your child?

What is your child's attitude toward school?

VI. Your Child

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?

What are you doing at home to help with concerns you have for your child? Is it working? Please be specific. (discipline techniques, rewards, special ways of teaching, spending individual time with child, etc.)

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?

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