Revised: August 2019

SCHOOL-AGE PARENT INFORMATION FOR REFERRAL TO ESU 8 FOR PSYCHOLOGICAL AND/OR SPEECH-LANGUAGE SERVICES

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. Please use more paper if you need to.

I. Family Information

Student Name: _____ DOB:_____ Age:_____ Grade:_____
Gender Assigned at Birth: M ☐ F ☐ Gender Identifying as: M ☐ F ☐
Address: _____ Primary language at home:_____ Interpreter needed: Yes ☐ No ☐
Mother's name:_____Occupation:_____Phone:_____
Father's name:_____Occupation:_____Phone:_____
Email:_____
Best time to reach you:_____ Do you prefer: Call ☐ Text ☐ Email ☐

Student lives with**:**

Have any family members had learning/health/mental health needs? If so, please explain:

II. Developmental History

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

Have you or your medical provider had concerns with your child's developmental milestones (i.e. sitting, walking, talking, toilet training). If so, please describe:

III. Medical History

Has your child ever received care for medical, emotional, behavioral, or genetic reasons such as:

- ☐ Birth-related difficulties
- ☐ Genetic disorder
- ☐ Seizure disorder
- ☐ Speech/ hearing difficulties
- ☐ Attention Deficit/Hyperactivity
- ☐ Childhood depression
- ☐ Anxiety
- ☐ High fever
- ☐ Allergies
- ☐ Recurrent ear infections
- ☐ Other _____
- ☐ Staph infection
- ☐ Hard fall or blow to the head
- ☐ Concussion
- ☐ Blurred vision
- ☐ Loss of consciousness
- ☐ Motor issues
- ☐ Drug/alcohol related disease
- ☐ Exposure to Lead
- ☐ Medical hospitalizations
- ☐ Psychiatric hospitalizations

If you checked yes to any of the above, please describe if your 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 the name, the dosage, and what it is for:
_____

Please describe any known disabilities: _____
When and how did you first become aware of the condition(s)? _____

Please include a copy of any previous evaluations not done by ESU 8 that relate to your concern.

IV. Language and Communication

Please check the things below that describe your child:

- ☐ Difficult to understand (i.e. leaves out sounds)
- ☐ Substitutes sounds
- ☐ Difficulty imitating sounds or words
- ☐ Doesn't follow simple one-step directions (i.e. "Go get your ball")
- ☐ Doesn't follow two-step directions (i.e. "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 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 (i.e. don't, can't, won't)

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

Describe any speech-language problem(s) in more detail. How often does the problem occur? Where does it occur?

V. School/Educational Background/Status

List any grade levels repeated:

List other schools your child has attended:

VI. Your Child

What is your child's attitude toward school?

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.)

Describe your child's strengths (i.e. what does she/he do well?):

Describe your child's weaknesses (i.e. what is difficult?):

What are your child's favorite activities?

Describe how your child interacts with peer and 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 (i.e. with the psychologist, speech pathologist, early childhood educator, or mental health professional)? Yes ☐ No ☐

If yes, with whom would you like to visit?