

Parent Input Form

Full Individual Evaluation (FIE)

* Indicates a required field. Please complete all sections as thoroughly as possible. Your input is an important part of understanding your child's needs.

General Information

Date *

mm/dd/yyyy

Your Name (Parent/Guardian) *

Child's Name *

Home Language(s) *

How do you support your child at home? (e.g., homework help, reading together, tutoring) *

List two or three things your child enjoys in their free time (activities, characters, items, etc.): *

List two or three positive words that describe your child: *

How does your child learn best at home? (Choose all that apply) *

Visual (things they see or read)

Auditory (things they hear or listen to)

Kinesthetic (hands-on)

Family & Sociological Information

Please describe any known family history of disability or difficulty in school. If none, write N/A. *

Brothers/sisters living in the home (name and age):

Other individuals living in the home (name, relationship, age):

Have any significant life events or changes occurred in the past three years? If so, please explain how this may have affected your child.

Communication & Language Development

Do you have any concerns regarding your child's communication or speech? *

Yes

No

At what age did your child begin speaking single words? *

At or before 12 months

12–18 months

After 18 months

Not sure

At what age did your child begin speaking 4–5 word phrases? *

At or before 18 months

18–24 months

After 24 months

Not sure

At what age did your child begin speaking complete sentences? *

Under 3 years

4–5 years

Over 5 years

Not sure

Health & Medical History

Child's birth weight *

Current age *

Were there any difficulties during pregnancy or delivery? If yes, please describe.

Were there any difficulties at birth? (e.g., cyanosis, jaundice, seizures, breathing difficulties)

What time does your child go to bed? Do they have difficulty falling or staying asleep?

Please list any hospitalizations or surgeries your child has had:

At what age did your child sit up independently? *

Before 6 months

6–9 months

After 9 months

Not sure

At what age did your child begin walking independently? *

Before 12 months

12–18 months

After 18 months

Not sure

At what age was your child potty trained? *

12–24 months

2–3 years

After 3 years

Not sure

Do you have concerns regarding your child's fine or gross motor skills? *

Yes

No

Please note any current health problems or conditions that may impact your child's educational performance: *

Check any health issues or diseases your child has had:

Asthma

Pneumonia

Food Allergies

Tonsillitis

Scarlet Fever

RSV

Meningitis

Hepatitis

Encephalitis

Fainting

Skin Rashes/Infections

Ulcers

Frequent Colds

Frequent Sore Throat

Ear Infections

Eye Infections

Diabetes

Frequent/Severe Headaches

Does your child currently take medication? If so, please list the medication name and the condition it treats:

Emotional & Behavioral Information

Do you have concerns regarding your child's behavior? *

Yes

No

Describe your child's overall attitude toward school: *

What makes your child frustrated or angry? *

Check all behaviors that apply to your child:

Resists tasks

Temper tantrums

Depressed/unhappy

Cries easily

Is responsible

Hides feelings

Requires parental supervision

Short attention span

Lacks motivation

<input type="checkbox"/> Very sensitive	<input type="checkbox"/> Seeks excessive approval	<input type="checkbox"/> Demands attention
<input type="checkbox"/> Lacks self-control/impulsive	<input type="checkbox"/> Overactive	<input type="checkbox"/> Underactive
<input type="checkbox"/> Nervous/anxious	<input type="checkbox"/> Easily discouraged/frustrated	<input type="checkbox"/> Disorganized
<input type="checkbox"/> Withholds affection	<input type="checkbox"/> Overreacts to problems	<input type="checkbox"/> Uncomfortable meeting new people
<input type="checkbox"/> Struggles with changes in routine	<input type="checkbox"/> Respectful of others	<input type="checkbox"/> Makes and keeps friends easily
<input type="checkbox"/> Shows concern for others	<input type="checkbox"/> Defiant/non-compliant	<input type="checkbox"/> Fearful of new experiences
<input type="checkbox"/> Difficulty following directions	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Struggles with social cues

Academic History

Do you have concerns regarding your child's academic performance? *

Yes No

Did your child attend preschool? *

Yes No

Has your child ever been retained (held back a grade)? *

Yes No

Has your child received outside tutoring or in-school academic supports? *

Yes No

If yes, please describe the type of support and how long it was provided:

Rating Scales

Using the scale below, please rate your child's skills in each area. Mark only one rating per row.

Scale: 1 — Major concern 2 — Some concern 3 — Average 4 — Above average 5 — Significantly above average

	1 Significantly Below Average (major concern)	2 Below Average (some concern)	3 Average (no concern)	4 Above Average	5 Significantly Above Average
Communication					
Speech Intelligibility / Pronunciation of Sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voice Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehension of Word Meanings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Communication	1 Significantly Below Average (major concern)	2 Below Average (some concern)	3 Average (no concern)	4 Above Average	5 Significantly Above Average
Following Oral Instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comprehension of Discussions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remembers Information Just Heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Adequate Vocabulary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Adequate Grammar for General Understanding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expresses Self Fluently When Called On to Speak	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relates a Sequence of Events in Order (telling a story)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizes and Relates Ideas and Factual Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Socially Appropriate Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Able to Express Needs and Wants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adaptive Behavior	1 Significantly Below Average (major concern)	2 Below Average (some concern)	3 Average (no concern)	4 Above Average	5 Significantly Above Average
Takes Care of Own Belongings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Does Age-Appropriate Chores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dresses and Bathes Self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orders Own Food at a Restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helps Out at Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cares for Personal Hygiene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleans Up After Self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works Independently on Own Projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Academic Skills	1 Significantly Below Average (major concern)	2 Below Average (some concern)	3 Average (no concern)	4 Above Average	5 Significantly Above Average
Basic Reading Skills (letter names and sounds, decoding new words)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading Fluency (reads smoothly and at an appropriate pace)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading Comprehension (understands what is read)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written Expression / Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handwriting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Academic Skills	1 Significantly Below Average (major concern)	2 Below Average (some concern)	3 Average (no concern)	4 Above Average	5 Significantly Above Average
Math Calculation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Math Problem Solving (word problems)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening Comprehension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spelling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments or Concerns

Please share anything else you would like the evaluation team to know about your child:

Thank you for taking the time to complete this form. Your input is valuable and will be used as part of your child's Full Individual Evaluation (FIE). If you have questions, please contact your child's diagnostician.