

Parent Input Form

** 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 *

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:

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Food Allergies |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> RSV |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Encephalitis |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Skin Rashes/Infections | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Frequent Sore Throat | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Eye Infections | <input type="checkbox"/> Diabetes | <input type="checkbox"/> 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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Resists tasks | <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Depressed/unhappy |
| <input type="checkbox"/> Cries easily | <input type="checkbox"/> Is responsible | <input type="checkbox"/> Hides feelings |
| <input type="checkbox"/> Requires parental supervision | <input type="checkbox"/> Short attention span | <input type="checkbox"/> 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.

1 Significantly Below Average (major concern)	2 Below Average (some concern)	3 Average (no concern)	4 Above Average	5 Significantly Above Average
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Communication

	1 Significantly Below Average	2 Below Average	3 Average	4 Above Average	5 Significantly Above Average
Speech Intelligibility / Pronunciation of Sounds					
Voice Quality					
Comprehension of Word Meanings					

Following Oral Instructions					
Comprehension of Discussions					
Remembers Information Just Heard					
Use of Adequate Vocabulary					
Use of Adequate Grammar for General Understanding					
Expresses Self Fluently When Called On to Speak					
Relates a Sequence of Events in Order (telling a story)					
Organizes and Relates Ideas and Factual Information					
Use of Socially Appropriate Language					
Able to Express Needs and Wants					

Adaptive Behavior

	1 Significantly Below Average	2 Below Average	3 Average	4 Above Average	5 Significantly Above Average
Takes Care of Own Belongings					
Does Age-Appropriate Chores					
Dresses and Bathes Self					
Orders Own Food at a Restaurant					
Helps Out at Home					
Cares for Personal Hygiene					
Cleans Up After Self					
Works Independently on Own Projects					

Academic Skills

	1 Significantly Below Average	2 Below Average	3 Average	4 Above Average	5 Significantly Above Average
Basic Reading Skills (letter names and sounds, decoding new words)					
Reading Fluency (reads smoothly and at an appropriate pace)					

Reading Comprehension (understands what is read)					
Written Expression / Writing					
Handwriting					
Math Calculation					
Math Problem Solving (word problems)					
Listening Comprehension					
Spelling					

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. If you have questions, please contact your child's diagnostician.