

School Data

	Yes	No	Names of school(s) attended: (please list)	Grade
Went to preschool/kindergarten	_____	_____	_____	_____
Resisted going to 1st grade	_____	_____	_____	_____
First grade was successful	_____	_____	_____	_____
Was held back in school (grade)	_____	_____	_____	_____
			If no, why not?	
Upset about being held back	_____	_____	_____	_____
Likes school now	_____	_____	_____	_____
Gets along with teacher	_____	_____	_____	_____
Has friends at school	_____	_____	_____	_____

Rate your child's ability:	Below Average	Average	Above Average
Balancing, throwing a ball, skipping	_____	_____	_____
Writing, drawing, buttoning	_____	_____	_____
Understanding when others talk to him/her	_____	_____	_____
Paying attention/concentrating	_____	_____	_____
Manages homework independently	_____	_____	_____
Turns homework in on time	_____	_____	_____

Comments: _____

Special help given in school (Please tell what kind and when): _____

Special testing done before (when and where): _____

Assistive technology devices or services used at school or home: _____

Attach reports of any comprehensive individual studies previously conducted

Other information which may be helpful in understanding this student: _____



The Teaching Research Institute • Western Oregon University • Monmouth, Oregon 97361 • 1-800-541-4711 • 503-838-8693 FAX • 503-838-8821 (TTY) • www.tr.wou.edu/eec

Parent Information Form

Services

The Education Evaluation Center offers children and their parents a range of services, from telephone consultation to complete clinical evaluations. Upon receipt of this form and a completed School Information Form, Education Evaluation Center personnel will review the information and may contact either the school or the parents for further information or consultation. Once all information has been received, a determination of the level of services will be made, and an appointment may be scheduled for assessment. It is our policy to provide the parents and school personnel with a written report of results from the assessment. Return to: Education Evaluation Center, The Teaching Research Institute, Western Oregon University, Monmouth, Oregon 97361.

Date completed _____

Identification

Student's name _____

Birthdate _____ Age _____ Grade _____

Parent's name _____ Phone _____

Address _____
Street City State Zip

Father's contact phone _____ Mother's contact phone _____

E-mail _____ E-mail _____

School name _____

School Address _____
Street City State Zip

School contact person _____ Phone _____

Special Education Director _____

Phone _____ E-mail _____

Who is referring student? _____

Who will be responsible for the assessment fee? (Please check) Parents _____ School _____

Reasons for referring this student: (Tell about specific problems relating to school):

Information Needed: (List the questions you would like to have answered as a result of this referral):

Permission for Assessment Services

My signature indicates that I have been informed and counseled regarding the referral of this student to the Education Evaluation Center. I hereby give my permission for services to be provided and the copies of the evaluation report to be sent to the school and other agencies designated by me.

Parent Consent _____
Parent Signature Date

Birth And Development

	Yes	No		Yes	No
Adopted	_____	_____	Difficult labor	_____	_____
If yes, at what age _____			Difficult delivery	_____	_____
Complications during pregnancy	_____	_____	Caesarian Birth	_____	_____
Threatened miscarriage	_____	_____	Baby premature	_____	_____
Communicable disease during pregnancy	_____	_____	Baby late	_____	_____
Mother on medication during pregnancy	_____	_____	Discolored at delivery	_____	_____
Carried all pregnancies to term	_____	_____	Difficulty breathing	_____	_____
This was the _____ pregnancy for the mother			Difficulty sucking	_____	_____
Weight at birth ____ lbs. ____ oz.			Difficulty responding to light	_____	_____
Where was the baby delivered? Hospital _____ Home _____ Other _____					

How did this child compare with other children in the following areas:

	Age		Age
Said first word	early average late _____	Dressed him/herself alone	early average late _____
Said first sentence	early average late _____	Buttoned	early average late _____
First fed him/herself	early average late _____	Tied shoes	early average late _____
First sat alone	early average late _____	Rode bike	early average late _____
Toilet trained.....	early average late _____	Generally development was.....	early average late _____
First walked.....	early average late _____		

Medical History

	Yes	No		Yes	No
Birth defects	_____	_____	Ear infections	_____	_____
Headaches	_____	_____	Tubes in ears	_____	_____
Surgeries	_____	_____	Stomach complaints	_____	_____
Allergies	_____	_____	Vision normal	_____	_____
Fainting	_____	_____	Wears glasses	_____	_____
Unconscious	_____	_____	Hearing normal	_____	_____
High temperature	_____	_____	Eats well	_____	_____
Ice packed or alcohol rubs	_____	_____	Sleeps well	_____	_____
Head injuries	_____	_____	Well coordinated	_____	_____
Seizures	_____	_____	On medication	_____	_____
Frequent colds	_____	_____	Name of medication(s) _____		

Is there any important medical information that we should be aware of or might be related to your child's problem?

Yes No

Explain _____

Family

Father's occupation _____ Age _____ Last grade in school _____

Mother's occupation _____ Age _____ Last grade in school _____

Parents are (check) married _____ separated _____ divorced _____ other _____

Child lives with both parents _____ mother _____ father _____ other _____

Names of children in family, first born to last:

1. _____ M F Age _____ 4. _____ M F Age _____

2. _____ M F Age _____ 5. _____ M F Age _____

3. _____ M F Age _____ 6. _____ M F Age _____

Number of children living at home _____ Others living in the home _____

How many times has this child moved? _____

This child differs from other children in the family in the following ways: _____

Do any of the other children have learning problems? _____

Did either parent or any relative have a problem learning? _____

Is English this student's native/dominant language? Yes No

If not, please specify _____

Behavior/Management

	Yes	No	
Child is easily managed	_____	_____	Whom does he/she mind best?
Necessary to discipline	_____	_____	_____
Gets along with brothers/sisters	_____	_____	What type of discipline works best?
Gets along with other children	_____	_____	_____
Likes himself/herself	_____	_____	_____

Has the following responsibilities at home: _____

Carries out responsibilities: _____ Receives an allowance _____

Yes No Yes No

Watches about _____ hours of television on each weekday and _____ hours on weekend.

Names of friends _____

	Home	School
Likes & interests	_____	_____
	_____	_____
	_____	_____
Dislikes	_____	_____
	_____	_____
	_____	_____

Does fairly well at: _____

Is there anything that worries you about your child? _____
