**STUDENT CASE HISTORY**

***Historia de Indentificion y antecedents del Estudiante***

Date (*Fecha*):

\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Nombre del Estudiante*) (*Fecha de Nacimiento*)

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Nombre de lost Padres) (Teléfono)*

Father’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Ocupación del Padre) (Ocupación de la Madre)*

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Escuela) (Grado) (*identificación del estudiante)

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**FAMILY HISTORY (*Historia Familiar)*:** List all brothers and sisters and their age (List in order of birth)

 *Hermanos y hermanas (favor de listar en orden de nacimeinto y edades)*

Child/*Hijo(a)* Age/ *Edad* Child/*Hijo(a)* Age/ *Edad*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Other person living in the home/*Otras personas que viven en las casa (además de hermanos): \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Indicate Primary Language Spoken at home/*Que idioma se habla más en la casa:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Developmental and Birth Hisotry*(Información del Desarrollo):***

Was pregnancy full term? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delivery normal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Duro su embarazo nueve meses?) Nacimiento normal?*

Birth Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth problems? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Peso al nacer Parto normal o con complicaciones*

Age child began using words/ *Edad que empezó a usar palabras? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Age child began using sentences/ *Edad que empezó a usar oraciones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Age child crawled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age child began walking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Edad que empezó a gatear Edad que empezó a caminar*

Age child was bladder trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age child was bowel trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Edad que aprendió el baño Edad que dejo de ensuciarse*

Comments/ *Comentarios: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**MEDICAL HISTORY/ *Historia Medica:*** If yes, please specify/*En caso afirmativo, especificar*

Has the child had any serious accidents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Operations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Illnesses: \_\_\_\_\_\_\_\_\_

*El niño(a) a sufrido un accidente serio Operaciones Enfermedades*

Allergies (food, medications): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prolonged Fevers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Reacciones alérgicas Fiebres altas y prolongadas*

Convulsions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hyperactivity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Convulsión Hiperactividad*

Fainting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Excessive Nervousness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Desmayos Nerviosismo*

If yes, please describe/ *describa:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*El ninño(a) toma medicamentos? Cuales?*

Do you have medical concerns about your child? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Tiene problemas medicos el niño(a)*

**BEHAVIOR AT HOME/SOCIAL DEVELOPMENT (*Conducta en Casa/Desarrollo Social)***

How does the child get along with adults? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Peers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Como se lleva el niño(a) con adultos compañeros*

Behavior Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Problemas concernientes con la conducta*

What activities does your child enjoy at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Cuales actividades disfruta el niño(a) en casa?*

**EDUCATIONAL HISTORY/ *Historia Educacional* Be Specific (Sea específico)**

Grades Retained/Repeated (*Grado retenido/repetido): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Does your child like school? Why/Why not? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Le gusta la escuela Porque Si/Porque no?*

What are your child’s personal strengths? In School? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Describe las áreas Fuertes individuales y académicas de su niño(a)?*

In what areas has your child improved the most? : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*En cuales areas avanzado su niño(a)?*

What are your areas of concerns regarding your child at school? What suggestions do you have for your child’s teacher? (*Cuales preocupaciones tiene repecto a su niño(a) en la escuela? Que sugerencias tiene usted para los maestros de su niño(a)?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Is there evidence of recent acute stress in the child’s environment? (Ex: Divorce, death, loss of property) If so, please describe. / *Favor de listar información familiar con respeto a las tensiones nerviosas o cambios que usted cree que nos servirá con esta evaluación (divorcios, muertes, pérdida de propiedad):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other information that you would like to share with the educational staff/ *Otra información: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Signature of Parent/Guardian Providing Information: Date:

*Firma del padre(s) Fecha*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature of Staff taking information: Date: