**Student Case History**

**Student’s Full Name**:

**Student Common Name:** **Birthdate:**

**Person Providing Information:** **Relationship:**

**Date of intake:** / /

**Interviewer:** **Position**

**Information obtained through:**

Phone Interview  Records Review  Completed Form

Personal Meeting  Health History Unreturned

**A.** **FAMILY INFORMATION**

**Child resides with: (Check box that applies)**

Both Parents  Mother/ Step Father  Foster Parent

Mother  Father/ Step Mother  Other

Father  Guardian

List all brothers and sisters and ages:

|  |  |  |  |
| --- | --- | --- | --- |
| Child | Age | Child | Age |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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Are there other persons living in the home? Yes No If Yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family/ Guardian Information**

Parent/ Guardian Name(s):

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother’s Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Have there been any recent changes in family life? (Birth, divorce, move to new home?)

yes no If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**B**. **LANGUAGE HISTORY**

Child’s first language spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family’s primary language spoken in home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other language(s) spoken in the home? Yes No

If yes, list other language(s) spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. DEVELOPMENTAL HISTORY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Development Milestone Attainment** | Early | Typical | Late | n/a |
| Sitting |  |  |  |  |
| Crawling |  |  |  |  |
| Standing |  |  |  |  |
| Walking |  |  |  |  |
| First Words |  |  |  |  |
| First Sentences |  |  |  |  |

Comments

|  |
| --- |
|  |

**Prenatal History**

Check all boxes that apply:

Full term pregnancy  Normal delivery  Smoking

Alcohol consumption during pregnancy  use of illegal substances during pregnancy

Mother received prenatal care by a physician

Comments:

|  |
| --- |
|  |

**Birth History**

Check all boxes that apply:

Normal Premature Low birth weight If yes, note weight\_\_\_\_\_\_\_\_\_\_\_\_

Jaundice Vaginal Delivery C-Section Delivery

Comments

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| --- |
|  |

Did the child go home with mother from the hospital  Yes  No

If no, please explain

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**D. GENERAL HEALTH HISTORY**

Student’s present health can best be described as: (Check box that applies)

Excellent  Good  Normal  Fair  Poor

Is the student currently Medicaid eligible:  Yes  No If Yes, Medicaid #: \_\_\_\_\_\_\_\_\_

Previous Medications taken: \_\_\_N/A

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| --- |
|  |

Current medications taken: \_\_\_N/A

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Describe current medical regimen and possible side effects.

|  |
| --- |
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**Has student had any**: (Check all that apply)

Serious Accidents or Injuries Yes No If yes , please explain

|  |
| --- |
|  |

Operations Yes No If yes , please explain

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| --- |
|  |

Illnesses Yes No If yes , please explain

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| --- |
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Prolonged Fevers Yes No If yes , please explain

|  |
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|  |

Convulsions Yes No If yes , please explain

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Do you have any current medical concerns regarding your child: \_\_\_ Yes \_\_\_ No

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

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**E. BEHAVIOR AT HOME AND SOCIAL HISTORY**

How does your child get along with adults? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your child get along with peers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any behavior concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had any sudden changes of behavior? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child’s activity level:  normal  overactive  under active

Age of your child’s friends:  same  older younger

General ability to get along with others?  good fair poor

What activities does your child enjoy?

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

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What motivates your child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**F. COURT LEGAL HISTORY OF STUDENT**

n/a

Educational Surrogate

Probation Officer

Court Appointed Special Advocate (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Ad Litem Surrogate (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Court History:**

n/a

no court history

pending court date

prior court history

custody of the court

delinquent

dependent

**Probation History**

n/a

regular probation

intensive probation

diversion program

alternative treatment unit

home arrest

day program

Parental Rights:

has rights and participates has rights and does not participate

rights have been served (attach legal documentation)

**G. SCHOOL HISTORY**

Preschool experience:  Yes  No Age entered Kindergarten: \_\_\_\_\_\_\_\_

Grade(s) retrained:

K  1st 2nd  3rd  4th 5th  6th

Middle School  High School

**School Assignment:**

The local school since enrolling.

Relatively stable educational career.

Numerous schools since enrolling in school.

More than one school during the current school year.

List other schools attended and grades attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendance**:

History of excellent attendance

History of multiple unexcused absences

Unremarkable attendance history

History of multiple excused absences

Attendance History Comments: \_\_\_ n/a

|  |
| --- |
|  |

**School Behaviors:**

What does your child like about school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What does your child not like about school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your child’s personal strengths? (for example: sense of humor, kindness)

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

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What are your child’s strengths in school? (for example: math, social studies, reading) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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What are your areas of concern regarding your child at school?

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

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What suggestions do you have for your child’s teacher(s)? ­­

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

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Other information you would like to share with the educational staff? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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