**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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**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

|  |
| --- |
|  |

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

If no, please explain

|  |
| --- |
|  |

**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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

Describe current medical regimen and possible side effects.

|  |
| --- |
|  |

**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

|  |
| --- |
|  |

Illnesses [ ] Yes [ ] No If yes , please explain

|  |
| --- |
|  |

Prolonged Fevers [ ] Yes [ ] No If yes , please explain

|  |
| --- |
|  |

Convulsions [ ] Yes [ ] No If yes , please explain

|  |
| --- |
|  |

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?

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

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

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

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

**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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