

STUDENT INFORMATION

Date of birth _____ Male Female

Name _____

Address _____

City _____ State _____ Zip code _____

Home Telephone # _____ Grade _____

School _____

Referred by _____ Medications _____ Allergies _____

RSP Program _____ (Yes/No) Resource Teachers Name _____

FATHER INFORMATION (if applicable)

Name _____ SS# or DL# _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone # _____ Work Telephone # _____

Cell Telephone # _____ Add'l. Telephone # _____

Occupation _____ Place of Employment _____

Email _____ Home _____ Work

MOTHER INFORMATION (if applicable)

Name _____ SS# or DL# _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone # _____ Work Telephone # _____

Cell Telephone # _____ Add'l. Telephone # _____

Occupation _____ Place of Employment _____

Email _____ Home _____ Work

PERSON TO CONTACT IN CASE OF AN EMERGENCY _____

TELEPHONE # _____ **TELEPHONE #** _____

STUDENT HISTORY

- Slow in learning to talk Yes ____ No ____
- Slow to acquire a vocabulary or express oneself Yes ____ No ____
- Clumsy or awkward in learning to run, hop, skip, sports Yes ____ No ____
- Difficulty in holding a pencil, learning to write, puzzles Yes ____ No ____
- Problems in following directions Yes ____ No ____
- Difficulty in recognizing letters of the alphabet Yes ____ No ____
- Mispronounce words or use too many words Yes ____ No ____
- Difficulty in understanding what is said Yes ____ No ____
- Unable to read satisfactorily in spite of adequate intelligence and educational opportunity Yes ____ No ____
- Difficulty following written directions, or after reading, fail to comprehend Yes ____ No ____
- Unusual difficulty in spelling (beyond weekly spelling test) Yes ____ No ____
- Confusion with sequencing letters in words, days of the week, months of the year, the alphabet Yes ____ No ____
- Letter reversals, rotations, transpositions, substituting and omissions in reading, writing or spelling Yes ____ No ____
- Leave out short words, articles, prepositions Yes ____ No ____
- Directional confusion: right-left, yesterday-tomorrow, over-under, before-after Yes ____ No ____
- Recall ability poor, especially for names and words Yes ____ No ____
- Lack organizational skills, lose papers, forget assignments Yes ____ No ____
- Difficulty with near point copy or far point copy Yes ____ No ____
- Difficulty in discrimination similar speech sounds Yes ____ No ____
- Preference for right or left handedness Right ____ Left ____
- Short attention span Yes ____ No ____
- Overactive and disruptive in the classroom Yes ____ No ____
- Unusually passive and withdrawn Yes ____ No ____
- Have family blood relatives who also experienced difficulty in acquiring language skills Yes ____ No ____
- Low self-esteem and self-confidence Yes ____ No ____
- Difficulty in math, reversing digits, transposing numbers Yes ____ No ____
- Downward trend in achievement scores noted Yes ____ No ____
- Poor grasp of the speech sounds which make up our spoken language, and of the correspondence between these sounds and written words Yes ____ No ____
- Difficulty in segmenting and blending sounds together Yes ____ No ____