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Has your child ever repeated a grade? If so, which one? : _____

Has your child ever had an IEP or receive special education services? _____

Has your child ever experienced any of the following problems at school?

Problem:	Yes or No	Problem	Yes or No
Fighting		Drug/Alcohol	
Lack of Friends		Poor Attendance	
Learning Disabilities		Poor Grades	
Detention		Behavior Problems	
School Suspension		Sleeping/Extreme Fatigue	
Gang Influence		Been Bullied by Others	
Incomplete Work		Been Accused of Bullying	

What does your child's teacher say about his/her behavior and performance at school?

Does anyone in the child's family use drugs or drink excessively or use tobacco?

Please describe the current use of substances or alcohol in the house hold. Please describe any family history of addiction or alcoholism. Please indicate the use of tobacco products to which the child is exposed.

Has your child experienced any of the following medical problems?

Problem	Yes or No	Problem	Yes or No
A serious accident		Seizures	
A head injury		Meningitis	
Eye/Ear problems		Loss of consciousness	
Hospitalization		Food allergy	
Surgery		Asthma/Allergies	
Hearing problems		Childhood Obesity	

Has your child ever experienced any type of abuse? (physical, sexual, verbal)? If so, please describe:

Has your child made statements of wanting to hurt him/her self or seriously hurt someone else? If so, please describe:

Has he/she ever purposefully harmed himself or another person? If so, please describe:

Has your child ever experienced any serious emotional losses (such as a death or physical separation from a parent or caretaker)? If so, please describe:

What are some things currently happening that are stressful to your child or your family?:

Your Name (print): _____ **Relationship to Child:** _____

Signature: _____

Date: _____