

Ripley-Ohio-Dearborn Special Education Cooperative
 925 N. Meridian, Suite 100
 Sunman, Indiana 47041
 812-623-2212

**Re-Evaluation
 Child History Form**

Child's Last Name _____ First Name _____ Middle Name _____

Birthdate _____ Age _____ Female ___ Male ___

Address _____ School _____

_____ Grade _____

Phone _____ E-mail (optional) _____

Please complete the following information to help us have a better understanding of your child. If you have any questions about any of these items, please call us at 812-623-2212.

I. Family Information

Please tell us about the student's biological (natural) parents:

Mother's Name _____ Age _____

Father's Name _____ Age _____

They: ___ are married ___ are divorced ___ were never married ___ separated

Are both parents still living? ___ Yes ___ No (explain: _____)

If parents are divorced/separated/never married, who has custody of this student?

___ both parents ___ Mother ___ Father ___ Other _____

List ALL people living with this student:

Name	Relationship	Age	Occupation/Grade
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____

List family members (parents, brothers, sisters, etc.) not living in the student's household:

Name	Relationship	Age	Occupation/Grade
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____

II. Education

List previous schools attended:

School Name	Location	Grade(s)	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Tell us how you think school is going for your child: _____

III. Health Information

Yes No Has your child ever been diagnosed with Attention Deficit Disorder (ADD/ADHD), Autism or Pervasive Developmental Disorder, or any other condition which might affect school performance or behavior? (If yes, explain: _____)

Yes No Is your child supposed to take medication on a regular basis?
If yes, what medication and dosage: _____
If yes, what is the medication for: _____

In the **last three years**, has your child had:

Yes No Hearing/ear problems (if yes, explain): _____

Yes No Vision/eye problems/wears glasses (if yes, explain): _____

Yes No Hospitalization/major injury/surgery (if yes, explain): _____

Yes No Neurological problem/serious head injury (if yes, explain): _____

Yes No Long-term illness/injury/condition (if yes, explain): _____

Yes No Allergies (if yes, please list): _____

Yes No Many physical complaints, ex. headaches, stomachaches, etc. (if yes, explain): _____

Yes No Weight/diet/appetite problem (if yes, explain): _____

IV. Community

In the **last three years**, has your child:

Yes No Been placed on probation (if yes, Probation Officer's name: _____)
(if yes, when and for what: _____)

Yes No Been arrested or placed in a detention/correctional facility (if yes, explain): _____

V. Characteristics

Please check all of the following that describe your child:

- | | | |
|---|---|------------------------|
| _____ Happy | _____ Sad | _____ Shy |
| _____ Frustrated | _____ Depressed | _____ Anxious/nervous |
| _____ Unusual Fears | _____ Temper Tantrums | _____ Bedwetting |
| _____ Bites Fingernails | _____ Good Sport | _____ Aggressive |
| _____ Friendly | _____ Tries Hard | _____ Low self-concept |
| _____ Few Friends | _____ Talks too much | _____ Can't sit still |
| _____ Has many interests | _____ Liked by others | _____ Many friends |
| _____ Short attention span | _____ Daydreams too much | |
| _____ Socializes mostly w/adults | _____ Socializes mostly w/much older children | |
| _____ Careless | _____ Socializes mostly w/much younger children | |
| _____ Difficult to discipline (explain: _____) | | |
| _____ Sleep problems (explain: _____) | | |

What are your child's strengths, or positive characteristics? _____

Yes No Child likes school (explain: _____)

Yes No Child has difficulty with homework (explain: _____)

How much time does your child spend doing homework each evening? _____

Yes No Child has a problem with school attendance (if yes explain: _____)

VI. Life Events

Which of the following have occurred in your child's life **within the last three years** (check all that apply):

- _____ parent's divorce _____ severe conflict between parents _____ frequent moves
- _____ frequent change of schools _____ little or no contact with one or both parents
- _____ unemployment of parents
- _____ serious illness of parent/guardian/family member (explain: _____)
- _____ death of parent/family member/close friend (explain: _____)
- _____ student/parent/family member was a victim of a crime(explain: _____)
- _____ student was placed outside the home (explain: _____)
- _____ student experienced a disaster, eg. house fire, tornado, etc.(explain: _____)

_____ safety concern, such as dangerous neighborhood, threat to the student or family member, etc. (explain: _____) _____ any other stressful experience (explain: _____)

VII. Vocational

What are your child's interests/hobbies: _____

What are your child's interests regarding a future job, vocation or career? _____

VIII. Other

Yes No Child has had counseling outside of school (if yes explain): _____

Yes No Child has been a victim of abuse (if yes, explain): _____

Yes No Child has taken medication in the past, but no longer does, to improve behavior and/or mood (if yes, list medication, dosage, and reason for taking medication): _____

Please take a few minutes to talk with your child and write his/her answers to the following:

How does your child feel about his/her school program? Is the program meeting your child's needs? If not, what does your child feel should change? _____

Does your child feel he/she can talk with the special education teacher(s) regarding problems or concerns? If so, who is he/she comfortable with? If not, why not? _____

Please write in any additional information you believe would be helpful, or which you would like for us to know: _____

Thank you for your input.

Parent name (printed)

Parent signature

Date