

**Dr. Nancy T. Akins**  
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**Student Background Information**

Student's name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Father's name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Referred by: \_\_\_\_\_ Reason: \_\_\_\_\_

**A. FAMILY HISTORY:**

*Check where applicable:*

This child is:  biological  adopted  foster

This child lives with:  birth father  birth mother  stepfather  stepmother  legal guardian

Since the child's birth, has there been any major trauma? Please check all that apply

Reaction of child:

Death in family \_\_\_\_\_

Separation \_\_\_\_\_

Divorce \_\_\_\_\_

Remarriage of mother \_\_\_\_\_

Remarriage of father \_\_\_\_\_

Other major trauma \_\_\_\_\_

Siblings in the home:

Name	Birthdate	Grade	Present School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do any members of your family have a history of learning difficulties?  yes  no

If yes, please explain: \_\_\_\_\_

Describe your child's relationship with each member of the family.

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

**B. MEDICAL HISTORY:**

Child was:  full term  premature

State any complications which occurred during pregnancy (ex: toxemia, diabetes, etc.)

\_\_\_\_\_

State any complications which your child had immediately after birth (ex: difficulty breathing, blue color, etc.)

\_\_\_\_\_

*Check where applicable:*

recent physical exam date/results \_\_\_\_\_

recent eye exam date/results \_\_\_\_\_

recent hearing exam date/results \_\_\_\_\_

speech/language evaluation date/results \_\_\_\_\_

other medical or neurological exams date/results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check all that apply:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> allergies                            | <input type="checkbox"/> needs glasses        | <input type="checkbox"/> history of high fevers |
| <input type="checkbox"/> asthma                               | <input type="checkbox"/> wears glasses        |   |
| <input type="checkbox"/> seizures                             | <input type="checkbox"/> hearing difficulties | <input type="checkbox"/> major injury           |
| <input type="checkbox"/> history of ear infections as a child |   |   |

Explain any items checked above: \_\_\_\_\_

Is your child presently on medication?  yes  no

If yes, please identify type, dosage and explain any noticeable behavioral effects of the medication.

**C. DEVELOPMENTAL HISTORY:**

*Check where applicable:*

Problems in infancy or childhood with:  crawling  talking  walking/running  eating  
 colic  sleeping  bedwetting  slower to develop

Explain any items checked above: \_\_\_\_\_

Your child is:  right-handed  left-handed  ambidextrous  child is unsure

Child's interests and skill areas: \_\_\_\_\_

**D. EDUCATION:**

Please list all schools your child has attended (preschool to present).

School	Grades	Reason for change:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

State the child's best and worst subject: Best \_\_\_\_\_ Worst \_\_\_\_\_

Please check and explain any of the following that apply to your child.

- repeated grade(s): \_\_\_\_\_
- had difficulty adjusting: \_\_\_\_\_
- received tutoring: \_\_\_\_\_
- began kindergarten late: \_\_\_\_\_

- participated in other supplemental services: \_\_\_\_\_
- enrolled in special classes: \_\_\_\_\_
- diagnosed with ADD or ADHD: \_\_\_\_\_
- receives/received physical/occupational therapy: \_\_\_\_\_
- receives/received speech or language therapy: \_\_\_\_\_
- had educational diagnostic testing: *(If yes, a copy of this report is required.)* \_\_\_\_\_

Additional comments or information regarding child's schooling:

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**E. ACADEMIC HISTORY:**

*Check where applicable. Use √√ for emphasis.*

	<u>Strength</u>	<u>Average</u>	<u>Frustration/weakness</u>
<b><u>Reading</u></b>			
Silent reading comprehension	_____	_____	_____
Vocabulary (word meanings)	_____	_____	_____
Oral reading accuracy	_____	_____	_____
Oral reading fluency (speed)	_____	_____	_____
Oral reading comprehension	_____	_____	_____
<b><u>Spelling</u></b>			
Weekly tests	_____	_____	_____
Spelling in sentences	_____	_____	_____
<b><u>Written Language</u></b>			
Generation of ideas	_____	_____	_____
Organization of thoughts into sentences	_____	_____	_____
Construction of cohesive paragraphs	_____	_____	_____
Fluency in the writing process	_____	_____	_____
<b><u>Math</u></b>			
Computation	_____	_____	_____
Story problems	_____	_____	_____
Math facts (automatic recall)	_____	_____	_____
	<u>Strength</u>	<u>Average</u>	<u>Frustration/weakness</u>

**Handwriting**

Neatness \_\_\_\_\_  
Speed of writing \_\_\_\_\_ too fast \_\_\_\_\_ too slow

**F. SOCIAL/BEHAVIORAL HISTORY:**

Check the following characteristics of your child with **5** being Very Frequently and **1** being Almost Never.

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
is distractible .....	_____	_____	_____	_____	_____
procrastinates .....	_____	_____	_____	_____	_____
is moody from day to day .....	_____	_____	_____	_____	_____
is withdrawn .....	_____	_____	_____	_____	_____
is difficult to manage at home .....	_____	_____	_____	_____	_____
is unlikely to share his/her problems .....	_____	_____	_____	_____	_____
is overly sensitive .....	_____	_____	_____	_____	_____
over-reacts to problems or changes .....	_____	_____	_____	_____	_____
enjoys school .....	_____	_____	_____	_____	_____
complains about school .....	_____	_____	_____	_____	_____
prefers to play with much younger children .....	_____	_____	_____	_____	_____
prefers to play with much older children .....	_____	_____	_____	_____	_____
relates well with adults .....	_____	_____	_____	_____	_____
seems to lack common-sense .....	_____	_____	_____	_____	_____
is independent .....	_____	_____	_____	_____	_____
is dependent .....	_____	_____	_____	_____	_____
is aggressive .....	_____	_____	_____	_____	_____
is passive .....	_____	_____	_____	_____	_____
is easily frustrated .....	_____	_____	_____	_____	_____
is overly fearful .....	_____	_____	_____	_____	_____
is confident .....	_____	_____	_____	_____	_____

Is there any additional information you would like to share prior to testing? If so, please share:

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