SMU | ANNETTE CALDWELL SIMMONS SCHOOL OF EDUCATION & HUMAN DEVELOPMENT

Diagnostic Center for Dyslexia and Related Learning Disorders

CLIENT SOCIAL HISTORY

Name: _____ Today's Date: _____

Date of Birth: _____

Mailing Address: _____

Street Unit/Apt.# City/State/Zip

Phone Numbers:

Home-_____ Mobile-_____ Business-_____

Fax-_____ e-mail:_____

Occupation: _____ Highest Grade Completed: _____

Please use this space to describe/explain the purpose of this evaluation.

_____

_____

_____

_____

_____

_____

_____

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Family History

Family Member	Name	Learning Difficulty /Specify
Father		
Mother		
Sibling		
Sibling		
Sibling		
Children		
Children		
Children		
Other		

FH1. Are any languages other than English spoken in your home?

☐ No ☐ Yes - please list languages: _____

What is your primary language: _____

FH2. Have there been any recent changes in family life (e.g.: a birth, divorce, relocation)?

☐ No ☐ Yes – please specify:

_____

_____

Developmental/Medical History

DMH1. What is your overall physical health?

- ☐ usually in good health and physically fit
- ☐ generally in good health

DMH2. Select one of the following statements if applicable:

- ☐ I have a health condition that does *not* require medication?

  *Specify:*_____

- ☐ I have a health condition that *requires* medication?

  *Specify:*_____

DMH3. Do you have a previous diagnosis of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)?

☐ No ☐ Yes – please specify age of diagnosis and treatment: _____

_____

DMH4. Have you ever sustained a head injury? ☐ No ☐ Yes - If yes, please answer parts a, b, c, and d:

a. How serious was this injury?

- ☐ not serious
- ☐ slightly serious
- ☐ serious
- ☐ very serious

b. How long ago did the injury occur?

- ☐ within the past year
- ☐ 1-2 years ago
- ☐ 2-3 years ago
- ☐ 3-4 years ago
- ☐ more than 4 years ago

c. Were you unconscious?

- ☐ No
- ☐ Yes- for how long?

d. Did you have a neurological exam? Yes ☐ No ☐ If yes: When?_____

What were the results? _____

_____

DMH5. Have you ever had a serious illness?

☐ No ☐ Yes – please specify:

_____

_____

_____

DMH6. Do you have seizures?

☐ No ☐ Yes - If yes, how frequent are the seizures?

☐ Less than once a month ☐ About once a week

☐ About once a month ☐ More than once a week

☐ More than once a month

DMH7. Have you had a recent vision test?

☐ No ☐ Yes - specify month and year: _____

DMH8. Do you wear corrective lenses or contacts?

☐ No ☐ Yes - for: ☐ nearsighted ☐ farsighted ☐ Astigmatism

☐ other: _____

Have you had corrective eye surgery? ☐ No ☐ Yes – If so, why?

_____

_____

DMH9. Have you had a recent hearing test?

☐ No ☐ Yes – specify month and year of test: _____

Type of hearing test (Check only one):

☐ Screening only ☐ Audiologist's evaluation ☐ Ear, nose, and throat physician's exam

DMH10. Do you wear hearing aids?

☐ No ☐ Yes

DMH11. Have you been exposed to any repeated, potentially damaging noise levels?

☐ No ☐ Yes – please specify: _____

DMH12. How much sleep do you typically get each night?

- ☐ Less than 6 hours
- ☐ 6-7 hours
- ☐ 7-8 hours
- ☐ 8-9 hours
- ☐ 9-10 hours
- ☐ more than 10 hours
- ☐ no typical amount of sleep

DMH13. How soundly do you sleep?

- ☐ Sleep so soundly that I cannot be awakened easily
- ☐ Usually sleep soundly
- ☐ Usually awaken at least once during the night
- ☐ I am not able to sleep soundly

DMH14. Have you ever received services for Physical Therapy?

☐ No ☐ Yes – please specify:

_____

_____

DMH15. Have you ever received services for Occupational Therapy?

☐ No ☐ Yes – please specify:

_____

_____

Please list/explain any other information about your developmental or medical history.

_____

_____

_____

_____

_____

_____

_____

Speech/Language History

SLH1. Have you ever received Speech/Language Therapy?

☐ No ☐ Yes - If yes, please specify: Group ☐ Individual ☐

- Type of therapy (check all that apply):
  ☐ articulation ☐ language ☐ voice ☐ fluency
- Duration of services:_____
- Frequency of services: _____

SLH2. Do you/Did you ever have frequent ear infections (more than 4 within a 12 month period?)

☐ I don't know ☐ No ☐ Yes - If yes, at what age(s)? (Check all that apply)

☐ Early childhood ☐ Middle school/HS age

☐ Elementary school age ☐ Adult

SLH3. Do you/Did you have tubes?

☐ No ☐ Yes – specify number of times and at what ages:

_____

_____

Academic History

Please provide a copy of any standardized testing you have taken, such as academic testing, college entrance exams, etc.

GRADE	NAME OF SCHOOL	LOCATION
Pre-K		
Kindergarten		
Grades 1-3		
Grades 4-6		
Grades 7-8		
Grades 9-12		
College		
Post graduate		

AH1. At what age did you start kindergarten? _____

AH2. What do you consider to be your strongest academic points/subjects?

_____

_____

AH3. In what academic areas do you feel you need help?

_____

_____

AH4. At what age did you first begin to notice that you needed help in the areas listed above?

_____

_____

AH5. Has anyone else expressed concern regarding your academic or work performance?

☐ No ☐ Yes – Please elaborate:

_____

_____

_____

AH6. How much time is spent studying daily?

☐ 30 minutes ☐ 1 hour ☐ 2 hours ☐ more than 2 hours

AH7. How much assistance do you require to complete academic or work-related assignments?

☐ never ☐ slight ☐ often ☐ always

AH8. Do your grades or work evaluations reflect the amount of effort you put into your assignments?

☐ No – please specify:

_____

_____

☐ Yes – please specify:

_____

_____

AH9. If applicable, describe your grades:

_____

_____

_____

_____

AH10. Do you perform better on:

☐ multiple choice tests ☐ fill in the blanks ☐ essay

☐ true/false ☐ matching

AH11. Have you ever repeated a grade?

☐ No ☐ Yes – please specify the grade that was repeated:

_____

AH12. Have you ever received diagnostic testing at school or work?

☐ No ☐ Yes - If yes, please attach results & explain outcomes and diagnosis:

_____

_____

_____

AH13. Have you ever been tested privately?

☐ No ☐ Yes - If yes, please attach results & explain outcomes and diagnosis:

_____

_____

_____

AH14. Have you ever received tutoring?

☐ No ☐ Yes - If yes, please indicate: ☐ through school ☐ privately

- Length of time you received tutoring:_____
- Number of students in tutoring group:_____
- Number of times per week:_____
- Time spent in each session: _____
- Subjects: _____
- Did you observe any improvement?

  ☐ No – please comment: _____

  ☐ Yes – please comment: _____

AH15. Do you receive accommodations in school or in the workplace?

☐ No - If not, what accommodations do you think would be beneficial?

_____

_____

☐ Yes – please specify

_____

_____

AH16. Have you ever received 504, ADA, or special educational services, such as resource room instruction, or an individualized education program? ☐ No ☐ Yes - If yes, please respond:

a. Describe the special education services you received:

_____

_____

b. At what age did you first receive these services? _____

c. How long did you receive these services? _____

d. Were services discontinued? ☐ No ☐ Yes –if yes, when? _____why?_____

_____

Behavioral History

BH1. Do you have difficulty compared to others of your age in the areas of personal independence and social responsibility? ☐ No ☐ Yes – if yes, please explain: _____

_____

_____

_____

BH2. Have you ever had a psychological exam? ☐ No ☐ Yes – if yes, when? _____

BH3. What was/is your attitude toward school?

- ☐ Very enthusiastic
- ☐ Generally liked/like school
- ☐ Liked/like some things about school and dislikes other things
- ☐ Generally disliked/dislike school
- ☐ Disliked/dislike school so much that I avoided/avoid attending

BH4. How would you rate your level of effort toward schoolwork?

- ☐ Generally try /tried to succeed
- ☐ Try/Tried very hard to succeed
- ☐ Effort varies/varied

BH5. How would you rate your attention span?

- ☐ Unusually high degree of sustained attention
- ☐ Usually maintain attention
- ☐ Often have difficulty sustaining attention

BH6. How would you rate your listening ability?

- ☐ Always, or almost always listens when spoken to directly
- ☐ Usually listen when spoken to directly
- ☐ Often do not listen when spoken to directly

BH7. How would you rate your follow-through on homework or work assignments?

- ☐ Always, or almost always follows instructions and complete work
- ☐ Usually follow instructions and complete work
- ☐ Often do not follow instructions and fail to complete work

BH8. How would you rate your level of organization?

- ☐ Highly organized
- ☐ Usually organized
- ☐ Have difficulty organizing tasks and activities

BH9. How would you rate your response to tasks that are difficult for you?

- ☐ Increase level of effort
- ☐ Generally persistent
- ☐ Attempt but give up easily
- ☐ Avoid, dislike, or reluctant to engage in difficult tasks

BH10. Please describe your interests and hobbies:

_____

_____

_____

Thank you for taking time to provide us with this essential information.

How did you hear about the SMU Diagnostic Center?

_____

_____

_____

_____

Please use this space to provide additional information that you would like to convey to the diagnostician:

_____

_____

_____

_____

_____

_____

_____

_____

For administrative assistance (to change an appointment time, etc.), please contact 214/SMU-READ (214/768-7323). If you have questions pertaining to testing procedure or the scope of this form, please contact the diagnostician with whom your child is scheduled for testing.

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