SMU. ANNETTE CALDWELL SIMMONS SCHOOL OF EDUCATION & HUMAN DEVELOPMENT

Diagnostic Center for Dyslexia and Related Learning Disorders

PARENT/SOCIAL HISTORY

Today's Date: _____ Your Name: _____

Child's Name: _____

Date of Birth: _____ Grade: _____

Child's School: _____ District: _____

Father's Name: _____

Mailing Address: _____
Street Unit/Apt.# City/State/Zip

Phone Numbers: Home-_____ Mobile-_____ Business-_____

Fax-_____ e-mail:_____ Occupation: _____

Mother's Name: _____

Mailing Address: _____
Street Unit/Apt.# City/State/Zip

Phone Numbers: Home-_____ Mobile-_____ Business-_____

Fax-_____ e-mail:_____ Occupation: _____

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

_____

_____

_____

_____

_____

_____

_____

What do you consider to be your child's strongest points?

_____

_____

_____

_____

In what areas do you feel your child needs help?

_____

_____

_____

What are your child's interests and hobbies?

_____

_____

_____

_____

Family History

Please list all immediate family members and any others living in the home

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

FH1. With whom does your child live?

- ☐ Both parents in same home
- ☐ Both parents-two separate homes
- ☐ Mother
- ☐ Father
- ☐ Mother and stepfather
- ☐ Father and stepmother
- ☐ Foster parents
- ☐ Other – please specify: _____

FH2. If parents are divorced, who has educational custody rights?

- ☐ Both mother and father
- ☐ Mother
- ☐ Father
- ☐ Other – please specify: _____

FH3. Is your child adopted?

☐ No ☐ Yes - at what age: _____ -is child aware of adoption? Yes ☐ No ☐

FH4. Have there been any recent changes in family life (e.g.: a birth, divorce, relocation)?

☐ No ☐ Yes – please specify:

_____

_____

FH5. Describe your child's relationship with family members:

_____

_____

_____

Developmental/Medical History

DMH1. What is your child's overall physical health?

- ☐ usually in good health and physically fit
- ☐ generally in good health
- ☐ has a health condition that does *not* require medication : _____
- ☐ has a health condition that *requires* medication: _____

DMH2. Does your child take any medications on a regular basis?

☐ No ☐ Yes – please specify medication and purpose: _____

_____

DMH3. Has your child ever been diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD)?

☐ No ☐ Yes – If yes, when _____

What Type: ☐ ADHD, Predominately Inattentive Type ☐ ADHD, Combined Type
☐ ADHD, Predominately Hyperactive - Impulsive Type

Type of Treatment: ☐ Behavior Modification ☐ Medication
☐ Supplements/diet ☐ Combination of Above ☐ Other

DMH4. Has your child ever sustained a head injury?

☐ No ☐ Yes - If yes, please answer parts a, b, and c:

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. Was the child unconscious?

- ☐ No
- ☐ Yes- for how long?

_____

DMH5. Has your child ever had a serious illness?

☐ No ☐ Yes – please specify:

_____

_____

DMH6. Does your child 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. Has your child had a recent vision test?

☐ No ☐ Yes - specify month and year: _____

DMH8. Does your child wear corrective lenses or contacts?

☐ No ☐ Yes - for: ☐ nearsighted ☐ farsighted

☐ Astigmatism ☐ other: _____

DMH9. Did your child 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)

☐ < 1 ☐ 1 ☐ 2

☐ 3 ☐ 4 ☐ 5

DMH10. Did your child have tubes?

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

_____

_____

DMH11. Has your child 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

DMH12. Does your child wear hearing aids?

☐ No ☐ Yes

DMH13. Has your child been exposed to any repeated, potentially damaging noise levels?

☐ No ☐ Yes – please specify: _____

DMH14. Has your child ever received services for Physical Therapy?

☐ No ☐ Yes – please specify:

_____

_____

DMH15. Has your child ever received services for Occupational Therapy?

☐ No ☐ Yes – please specify:

_____

_____

DMH16. How much sleep does your child 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

DMH17. How soundly does your child sleep?

☐ Sleeps so soundly that he or she cannot be awakened easily
☐ Usually sleeps soundly (typical for age)
☐ Usually awakens at least once during the night
☐ Doesn't seem to be able to sleep soundly

DMH18. Has your child shown any recent changes in appetite?

☐ No ☐ Yes – please specify:

_____

_____

DMH19. Does your child frequently complain about not feeling well?

☐ No ☐ Yes – please specify:

_____

_____

Infancy/Early Childhood History

ECH1. Which pertains to the birth of your child?

- ☐ Normal (no unusual problems)
- ☐ Lengthy labor (more than 24 hours)
- ☐ Premature birth - weeks premature: _____
- ☐ Complications at delivery –please specify:

_____

_____

ECH2. What was your child's condition immediately after birth? (Check all that apply)

- ☐ Healthy (normal)
- ☐ Critical-placed in intensive care
- ☐ Had difficulty starting to breathe
- ☐ Jaundice
- ☐ Had feeding problems
- ☐ Seizures
- ☐ Drug-dependent
- ☐ Low birth weight – specify: _____
- ☐ High birth weight – specify:_____
- ☐ Other – please specify: _____

EC3. How would you rate your child's early motor skills development, such as sitting up, crawling, and learning to walk?

- ☐ Developed earlier than most other children
- ☐ Seemed to be typical
- ☐ Developed later than most other children
- ☐ Does not apply

EC4. How would you rate your child's early fine motor skills, such as feeding themselves, holding a crayon, and stacking blocks?

- ☐ Developed earlier than most children
- ☐ Seemed to be typical
- ☐ Developed later than most children
- ☐ Does not apply

EC5. How would you rate your child's early language development, such as first words, asking simple questions, and talking in sentences?

- ☐ Developed earlier than most children
- ☐ Seemed to be typical
- ☐ Developed later than most children
- ☐ Does not apply

Speech/Language History

SLH1. Are any languages other than English spoken in your home?

☐ No ☐ Yes - please list languages: _____

Child's primary language: _____

If child's primary language is not English has child received: ☐ ESL Services ☐ Bilingual Services

How long did child receive services: _____

SLH2. Has your child ever received Speech/Language Therapy?

☐ No ☐ Yes - If yes, please specify:

Frequency of services: times per week: _____ Length of Session: _____

Type of therapy (check all that apply): ☐ Group ☐ Individual ☐ Articulation
☐ Voice ☐ Fluency ☐ Language
☐ Public ☐ Private ☐ Both

Age when services began: _____ Age when services ended: _____

Reason for Termination of services: _____

_____

Academic History

Grade	Name of School	Location
Pre-K		
Kindergarten		
Grades 1-3		
Grades 4-6		
Grades 7-8		
Grades 9-12		

AH1. What do you consider to be your child's strongest academic points?

_____

_____

AH2. In what academic areas do you feel your child needs help?

_____

_____

AH3. At what age did you first begin to notice that your child needed help in the areas listed above?

_____

AH4. Has anyone else expressed concern regarding your child's academic performance?

☐ No ☐ Yes – Please elaborate:

_____

_____

AH5. Has your child ever repeated a grade?

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

_____

AH6. Describe your child's grades (or attach copies of grade reports):

_____

_____

AH7. Are your child's grades better on:

☐ tests ☐ daily work ☐ homework

AH8. Does your child perform better on:

☐ multiple choice tests ☐ fill in the blanks ☐ essay
☐ true/false ☐ matching

AH9. How much time is spent doing homework nightly?

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

AH10. How much assistance does your child require from you to complete homework and schoolwork?

☐ never ☐ slight ☐ often ☐ always

AH11. Do your child's grades reflect the amount of effort he/she puts into schoolwork/homework?

☐ No – please specify:

_____

_____

☐ Yes – please specify:

_____

_____

AH12. Has your child ever received tutoring?

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

- Length of time child received tutoring:_____
- Number of students in tutoring group:_____
- Number of times per week:_____
- Time spent in each session: _____
- Subjects: _____
- Have you observed any improvement?
  - ☐ No – please comment: _____
  - ☐ Yes – please comment: _____

AH13. Has your child has taken the TAKS tests? ☐ No ☐ Yes - If yes, what were the results?

_____

_____

Performance in following subjects:

Subject	*Met Standard*	*Commended Performance*	*Did Not Meet Standard*
Reading	☐	☐	☐
Math	☐	☐	☐
Writing	☐	☐	☐

Please provide a copy of TAKS scores and results of benchmarking (i.e. DIBELS, TPRI), achievement tests, etc. if relevant.

AH14. Does your child receive accommodations in school?

☐ No - If not, what accommodations do you think would benefit your child?

_____

_____

_____

_____

☐ Yes – please specify

_____

_____

_____

_____

AH15. Has your child ever been tested privately?

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

_____

_____

AH16. Has your child ever received testing at school?

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

_____

_____

_____

AH17. Has your child ever received special educational services, such as resource room instruction, or an individualized education program? ☐ No ☐ Yes - If yes, please respond:

a. Please check your child's area(s) of Disability

☐ Speech Impairment

☐ Learning Disability

☐ Basic Reading Skills ☐ Reading Comprehension ☐ Math Computation

☐ Math Reasoning ☐ Written Expression ☐ Oral Expression

☐ Listening Comprehension

☐ Orthopedic Impairment

☐ Mental Retardation

☐ Other Health Impaired

☐ Emotional Disturbance

☐ Traumatic Brain Injury

☐ Auditory Impairment

☐ Visual Impairment

☐ Deaf/ Blind

☐ Autism

b. Describe the special education services your child receives/received: _____

_____

_____

c. Age when services began: _____ Age when services ended: _____

d. Reason for termination of services: _____

_____

e. Do you have a copy of your child's IEP? Yes ☐ No ☐ If yes, please attach a copy.

Response to Intervention

NOTE: If you are unsure about the following information, please contact your child's school or teacher for assistance in completing this information.

RI1. Which best describes your child's reading instruction:

☐ Phonics based ☐ Whole language based ☐ Combination

RI2. Please describe any academic language therapy your child has received and results of work:

_____

_____

_____

_____

Amount of time _____

RI3. *(Public school students)* Has your child ever been referred to an intervention team meeting?

☐ No ☐ Yes - If yes, what were the concerns?

_____

_____

_____

_____

What was the outcome of the meeting?

_____

_____

_____

_____

RI4. Is your child receiving reading instruction within Tier 1, 2, 3, or 4?

☐ No ☐ Yes -If yes, how many times per week?

☐ 1 ☐ 2 ☐ 3-4 times ☐ Daily ☐ I don't know

RI5. What type of instruction does he or she receive?

☐ Large group ☐ Small group ☐ One to one

RI6. If your child is receiving reading within Tier 2, 3, or 4, what type of reading program is used for your child's additional reading intervention instruction?

_____

RI7. If your child is receiving reading instruction within Tier 2, 3, or 4, who is providing the additional reading intervention instruction?

_____

*If your child is receiving reading instruction within Tier2, 3, or 4, please provide a copy of the most recent progress monitoring aim line.

Behavioral History

BH1. How would you rate your child's social development, such as the ability to play with others, development of friendships, and relationships with adults?

- ☐ Seems to develop social skills more easily (or sooner) than most other children
- ☐ Seems to be typical
- ☐ Seems to have more difficulty developing social skills than most other children

BH2. How difficult is it to manage his or her behavior?

- ☐ Very easy to manage
- ☐ Seems to be typical
- ☐ Somewhat difficult to manage
- ☐ Very difficult to manage

BH3. Choose the words that best describe your child's current temperament (personality):

☐ Accommodating	☐ Emotional	☐ Obedient
☐ Active	☐ Happy	☐ Outgoing
☐ Affectionate	☐ Hyperactive	☐ Reserved
☐ Argumentative	☐ Impatient	☐ Shy
☐ Calm	☐ Impulsive	☐ Sociable
☐ Caring	☐ Independent	☐ Stubborn
☐ Conscientious	☐ Intelligent	☐ Trusting
☐ Demanding	☐ Insecure	☐ Unhappy
☐ Determined	☐ Irritable	
☐ Difficult	☐ Motivated	

BH4. What is your child's attitude toward school?

- ☐ Very enthusiastic
- ☐ Generally likes school
- ☐ Likes some things about school and dislikes other things
- ☐ Generally dislikes school
- ☐ Dislikes school so much that he or she doesn't like to go

BH5. How would you rate his or her level of effort toward schoolwork?

- ☐ Tries very hard to succeed
- ☐ Generally tries to succeed
- ☐ Effort varies
- ☐ Seems like he or she doesn't try to succeed

BH6. When helping at home, how attentive is he or she to details?

- ☐ Extremely attentive to details
- ☐ Usually attends to details and concentrates when working
- ☐ Often fails to pay close attention to details or makes careless mistakes

BH7. How would you rate his or her attention span?

- ☐ Unusually high degree of sustained attention in tasks or play activities
- ☐ Usually maintains attention in tasks or play activities
- ☐ Often has difficulty sustaining attention in tasks or play activities

BH8. How would you rate his or her listening ability?

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

BH9. How would you rate his or her follow-through on homework?

- ☐ Always, or almost always follows instructions and finishes homework
- ☐ Usually follows instructions and finishes homework
- ☐ Often does not follow instructions and fails to finish homework

BH10. How would you rate his or her level of organization?

- ☐ Is highly organized
- ☐ Usually organizes tasks and activities
- ☐ Often has difficulty organizing tasks and activities

BH11. How would you rate his or her response to tasks that are difficult for him or her?

- ☐ Noticeably increases level of effort
- ☐ Generally persists
- ☐ Attempts but gives up easily
- ☐ Often avoids, dislikes, or is reluctant to engage in difficult tasks

BH12. How well does he or she maintain personal belongings?

- ☐ Always, or almost always, keeps personal belongings in order
- ☐ Usually keeps personal belongings in order
- ☐ Often loses personal belongings

BH13. How often does your child remember to do assigned chores at home?

- ☐ Always, or almost always, remembers chores he or she is supposed to do
- ☐ Usually remembers chores he or she is supposed to do
- ☐ Often forgets chores he or she is supposed to do

BH14. What is his or her typical activity level in social situations outside of the home?

- ☐ Seems sluggish or lacks energy
- ☐ Activity level is similar to others of same age and gender
- ☐ Often runs about or climbs excessively in situations in which it is not appropriate

BH15. Can he or she play quietly when required?

- ☐ Yes, can play quietly when required
- ☐ Often has difficulty playing quietly

BH16. What is his or her level of motor activity?

- ☐ Awkward, seemingly clumsy
- ☐ Slow
- ☐ Seems similar to others of same age and gender
- ☐ Is often "on the go"

BH17. How good is he or she at taking turns?

- ☐ Typically withdraws from activities that involve taking turns
- ☐ Takes turns appropriately for age
- ☐ Often has difficulty waiting for a turn

BH18. How well does he or she interact with peers?

- ☐ Typically avoids interacting with peers
- ☐ Social interaction skills are typical for age
- ☐ Often interrupts or intrudes on others (butts into conversations or games)

Thank you for taking time to provide us with this essential information pertaining to your child's behavioral, academic and developmental history.

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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