

## Background Information Form

The information provided is strictly **confidential** and will solely be used to design and implement the student's educational plan. Whenever possible, please make copies of previous evaluations, school grades, and other documents available for review and to allow incorporation of findings and recommendations in the intervention plan.

Name of Individual Completing Form  Date

### I. Student Information

Full Name  Child's Age

Date of Birth:    Place of Birth   
Month Day Year

Home Address

City  State  Zip

### II. Referral Information

Referred by  School/Practice/Organization

Service Suggested/Recommended  Recommended Service Frequency

Additional Information

### III. Family Information

Mother's Name  Age

Mother's Occupation

Mother's Phone  Mother's Email

Father's Name  Age

Father's Occupation

Father's Phone  Father's Email

Parents currently married?  Yes  No

Parents currently living together?  Yes  No

Child lives with:

**Brothers and Sisters**

Name	Age	School	Grade
<input style="width: 330px; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/>	<input style="width: 290px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
<input style="width: 330px; height: 25px;" type="text"/>	<input style="width: 20px; height: 25px;" type="text"/>	<input style="width: 290px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" type="text"/>
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Briefly describe how child relates to other family members:

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**IV. Medical and Developmental History**

Please describe any conditions that may have affected your child's development, such as birth complications, ear infections, allergies, accidents, surgery, hospitalizations, diabetes, anxiety, stress, family medical or psychological conditions:

Current diagnosis of a disorder or illness? Please describe.

**Current Prescription or Other Medication**

Medication	Dose	Taken Since
<input style="width: 420px; height: 25px;" type="text"/>	<input style="width: 230px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>
<input style="width: 420px; height: 25px;" type="text"/>	<input style="width: 230px; height: 25px;" type="text"/>	<input style="width: 140px; height: 25px;" type="text"/>
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Hearing and Vision

Date of Most Recent Hearing Test [redacted]

Date of Most Recent Vision Test [redacted]

Results/Recommendations  
[redacted]

Results/Recommendations  
[redacted]

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**IV. School Information**

Current School/location [redacted]

Grade [redacted]

Name of Teacher [redacted]

Please describe the child's school history, from pre-school through the present:

School/Location	Stage/Grade	Age
[redacted]	[redacted]	[redacted]

Comments  
[redacted]

School/Location	Stage/Grade	Age
[redacted]	[redacted]	[redacted]

Comments  
[redacted]

School/Location	Stage/Grade	Age
[redacted]	[redacted]	[redacted]

Comments  
[redacted]

School/Location	Stage/Grade	Age
[redacted]	[redacted]	[redacted]

Comments  
[redacted]

**V. History of Evaluations**

Please provide copies of evaluation reports if available.

Date	Evaluation Type	Conducted by

Reason	Results

Date	Evaluation Type	Conducted by

Reason	Results

Date	Evaluation Type	Conducted by

Reason	Results

Date	Evaluation Type	Conducted by

Reason	Results

Comments

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**VI. Current Services**

Please list all services child is currently receiving (tutoring, speech therapy, occupational therapy, counseling, etc.)

Service	Provided by	Start Date	Frequency	End Date

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Comments

## VII. School Environment

Please describe how your child is doing in school:

How does your child relate to his/her teachers and classmates?

How does your child adjust to the new school year, new grade level?

Describe your child's grades

Check all that apply:

- 1. Has difficulty following directions
- 2. Has difficulty staying seated or quiet
- 3. Has difficulty paying attention
- 4. Has difficulty learning school material
- 5. Seems to know the material but fails exams
- 6. Grades are inconsistent
- 7. Can't study independently
- 8. Forgets materials in school or at home
- 9. Notebooks are disorganized
- 10. Doesn't bring home homework assignments or materials home
- 11. Fails to hand in homework assignments
- 12. Has difficulty adjusting to changes at home or at school
- 13. Has difficulty understanding what is said to him/her
- 14. Has difficulty expressing himself/herself orally
- 15. Has difficulty relating to peers
- 16. Has difficulty relating to teachers
- 17. Has difficulty relating to family members
- 18. Has difficulty exhibiting appropriate classroom behaviors
- 19. Has difficulty decoding words
- 20. Lacks reading fluency (too fast or too slow)
- 21. Has difficulty with reading comprehension when he/she reads orally
- 22. Has difficulty with reading comprehension when material is read to him/her
- 23. Has difficulty answering questions presented orally
- 24. Has difficulty answering questions presented in written form
- 25. Has illegible handwriting
- 26. Has inappropriate letter size when writing
- 27. Has difficulty organizing his work on paper (ex. Work looks messy)
- 28. Has difficulty copying material from the board (ex. Omits words, work is disorganized)
- 29. Has difficulty copying material from books
- 30. Doesn't finish classwork on time
- 31. Has difficulty spelling
- 32. Has difficulty remembering math facts (time, money, x-tables, formulas, rules)
- 33. Has difficulty performing mathematical operations
- 34. Has difficulty performing math word problems

Please describe your concerns, including when difficulties were first observed, how problems were evidenced, steps taken to address problems, and the effectiveness of these steps. Describe any additional areas not addressed in this questionnaire or provide details on items checked above.

Please describe your child's strengths

In what areas do you think your child needs help?