

Student History Questionnaire[©]

Student Information:

Student's Name: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: Male Female (circle one)

Height: _____ Weight: _____ Handedness: Right Left (circle one)

School: _____ Current Grade: _____

Ethnicity (optional): Check All that apply.

- African/American
 Chicano/Mexican-American/Puerto Rican
 Chinese/Chinese American
 East Indian/Pakistani
 Filipino
 Japanese/Japanese American
 Korean/Korean-American
 Latino/Latino American/Hispanic
 Middle Eastern
 Native American/Alaskan Native
 Polynesian/Micronesian
 Vietnamese
 White/Caucasian
 Other (specify _____)

Primary Language spoken at home: _____ Other languages spoken: _____

Parent Name: _____ Phone: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Parent Name: _____ Phone: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Step Parents/Other Guardians: _____

If separated/divorced, who has legal custody? _____

Was the student adopted? _____

Referral Information:

Who referred the student? If professional, what institution/affiliation? Phone? Email?

Why was the student referred at this time? Briefly describe any educational, emotional, behavioral, health, legal or relationship concerns or needs.

List any specific questions to be addressed by this evaluation.

What is being done about these issues currently? What has been tried in the past? Previous evaluations?

What do you hope to achieve for the student through educational/psychological services?

Is there an upcoming IEP or other scheduled meeting or service that would require a completed report? If so, give the date and reason.

Educational History:

Current School: _____ Highest Grade Completed: _____

School Counselor: _____ Phone: _____

Please attach a current transcript.

Type	Name	City/State	Dates Attended	Grades Completed
Preschool				
Kindergarten				
Elementary				
Middle School				
High School				

Check any that apply:

<input type="checkbox"/>	Special Ed./Resource	<input type="checkbox"/>	Reading Disorder
<input type="checkbox"/>	Classified "504"	<input type="checkbox"/>	Math Disorder
<input type="checkbox"/>	Repeated Grade(s)	<input type="checkbox"/>	Writing Disorder or Poor Spelling
<input type="checkbox"/>	Skipped Grade(s)	<input type="checkbox"/>	Intellectual Disability
<input type="checkbox"/>	Suspended/ISS	<input type="checkbox"/>	Conflict with Authority
<input type="checkbox"/>	Expelled	<input type="checkbox"/>	Conflict with Students
<input type="checkbox"/>	Truancy/School Refusal/Dropped Out	<input type="checkbox"/>	GT/Advanced Classes
<input type="checkbox"/>	Social/Performance Anxiety	<input type="checkbox"/>	Slow learning foreign language
<input type="checkbox"/>	Academic Language Therapy	<input type="checkbox"/>	Occupational Therapy

Describe the student's performance in school (done well until recently, always struggled, typical grades, under-performing, etc.):

Has the student ever had any educational or psychological testing? If so describe and attach a copy of the report.

What have been the student's favorite classes and school activities?

What classes have been most difficult? Any failed classes?

What educational accommodations have been most helpful?

What accommodations would you like to see made available for your student?

Check any extracurricular activities the student participated in

<input type="checkbox"/>	Band	<input type="checkbox"/>	ROTC
<input type="checkbox"/>	Choir	<input type="checkbox"/>	Athletics/Team Sports
<input type="checkbox"/>	Theater	<input type="checkbox"/>	FFA/FHA
<input type="checkbox"/>	Art	<input type="checkbox"/>	Student Government
<input type="checkbox"/>	Dance	<input type="checkbox"/>	Mechanics
<input type="checkbox"/>	Journalism	<input type="checkbox"/>	Wood Shop
<input type="checkbox"/>	Drill Team	<input type="checkbox"/>	Vocational Education
<input type="checkbox"/>	Cheerleading	<input type="checkbox"/>	Computer Technology/Programing
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

Avocational/Social History:

How does the student like to spend his or her spare time?

What does the student do for entertainment?

List any hobbies. What has the student learned to do well (musical instruments, sports etc.)?

What does the student do for regular exercise?

What groups or organizations does the student belong to (civic, social, recreational, religious, political, etc.)?

Does the student make friends easily or have difficulties? Same sex friends/opposite sex friends? Same age or older/younger? Recent changes?

Developmental History:

Circle the answer that best reflects the student's developmental history:

- Yes No Child Prenatal Problems/Complications
 Yes No Mother Prenatal Problems/Complications
 Yes No Premature or other Problematic Birth
 Yes No Significant illness or injury in first year of life
 Yes No Student was late crawling and/or walking compared to other children
 Yes No Student was late talking compared to other children
 Yes No History of speech impairment
 Yes No Auditory Processing Impairment
- Yes No Over active
 Yes No Under active
 Yes No Too bold approaching new people, places or things
 Yes No Too inhibited or cautious around new people, places or things.
 Yes No Response too intense to disappointment, praise failure, surprise, frustration
 Yes No Response too mild to disappointment, praise failure, surprise, frustration
 Yes No Mood generally positive
 Yes No Mood generally negative
 Yes No Too sensitive to light, sound, touch, smell, taste
 Yes No Too stubborn, challenging
 Yes No Easy to comfort/easy child

Note any significant problems and/or major achievements:

Birth to 2 years old
2-5 years old
5-12 years old
12-18 Years old

Describe the student's past and present relationship history with:

Mother:
Father:
Siblings:
Grandparents:
Other extended family:

Describe any **family history** of psychiatric/emotional/behavioral/learning/neurological/legal/ problems:

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Medical History:

- Yes No Student has had serious illnesses
- Yes No Student has had serious injuries (broken bones, loss of consciousness, concussion)
- Yes No Head injuries
- Yes No Student has been a patient in the hospital overnight.
- Yes No Student has had one or more operations (surgery)
- Yes No Student has had seizures
- Yes No Student has had migraines/bad headaches
- Yes No Student has had sleep problems
- Yes No Impaired Vision/Wears contacts or glasses
- Yes No Impaired Hearing/wears hearing aid

If you circled **YES** to any of the questions above, please give details including any **diagnoses**.

If the student is being treated medically, please list medications.

Current Medication(s):	Dosage and Frequency:	Reason:

Have there been any adverse side effects to these medications?

Which medicines have been most effective? Does the client take the medicines as prescribed? Adverse side effects?

Emotional/Behavioral Treatment History:

Problem	Maybe	Diagnosed	Current Problem?	Treatment attempted?
ADD/ADHD				
Oppositional/Def.				
Conduct D/O				
Autism/Asperger's				
Anger				
Aggression				
Anxiety				
Depression				
OCD				
Self Harm				
Suicidal				
Bipolar Disorder				
Psychosis				
Eating Disorder				
Alcohol Abuse				
Drug Abuse				
PTSD/Trauma				
Other:				

Has the Student been **hospitalized** or been in **residential treatment** or seen a psychiatrist for a psychiatric illness, emotional disorder, or behavior problems. If yes, what age, where and why? Did it help?

Has the Student seen a **psychologist or counselor** for an emotional problem, psychiatric illness, behavior problems or other issues. If yes, what age, where and why? Did it help?

Legal History:

- Yes No Has the student been arrested or detained by police?
Yes No Has the student been stopped and released?
Yes No What has the student been arrested/detained/stopped for?
Yes No Has the student been incarcerated?
Yes No Juvenile Detention?
Yes No Youth Incarceration/TYC?
Yes No Probation?
Yes No Parole?
Yes No Current legal involvement or pending charges?

Explain any of the above.

For each behavior listed below, put a check mark in the “Not Observed” column if the behavior has not been observed in the past six months for this child. If the behavior has been observed during the past six months, put a check mark in one of the three columns marked Mild, Moderate, or Severe (see descriptors below).

Not observed – behavior not observed in this child.

Mild – behavior occasionally observed in this child.

Moderate – behavior frequently observed in this child.

Severe – behavior almost always observed in this child.

Sensorimotor Functions	Not Observed	Mild	Moderate	Severe
Basic Sensory Deficits				
• Difficulty with pitch discrimination (tone deaf).				
• Difficulty with simple sound discrimination.				
• Known or suspected hearing acuity problems.				
• Difficulty identifying basic colors (color blind).				
• Difficulty smelling or tasting foods.				
• Less sensitive to pain and changes in temperature.				
• Complains of loss of sensation (e.g., numbness).				
Motor Functioning Difficulties Circle right (R), left (L) or both right & left (B) as applicable				
• Muscle weakness or paralysis. (R L B)				
• Muscle tightness or spasticity. (R L B)				
• Clumsy or awkward body movements. (R L B)				
• Walking or posture difficulties.				
Visual Motor Functioning Difficulties				
• Difficulties with drawing or copying.				
• Difficulties with fine motor skills (e.g., using a pencil).				
Neurologically Related Sensorimotor Symptoms				
• Displays odd movements (e.g., hand flapping, toe walking).				
• Displays involuntary or repetitive movements.				
• Ignores one side of the page while drawing or reading.				
• Difficulty with dressing (e.g., buttoning & zipping).				
Sensory Sensitivity Issues				
• Does not like loud noises.				
• Overly sensitive to touch, light, or noise.				

Examples of sensorimotor concerns observed:

Blank space for recording examples of sensorimotor concerns observed.

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Visuospatial Processes	Not Observed	Mild	Moderate	Severe
Visual Motor Functioning Difficulties				
• Confusion with directions (e.g., gets lost easily).				
• Shows right-left confusion or confusion with directions (up-down).				
• Difficulties with putting puzzles together.				

Examples of visuospatial processing concerns observed:

Auditory Processes	Not Observed	Mild	Moderate	Severe
Phonological / Auditory Processing Difficulties				
• Difficulty with sound discrimination.				
• Difficulty with blending of sounds to form words.				
• Difficulty with basic rhyming activities.				
• Omits sounds when reading or speaking.				
• Substitutes sounds when reading or speaking.				

Examples of auditory processing concerns observed:

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Learning and Memory Processes	Not Observed	Mild	Moderate	Severe
General Learning Efficiency				
• Difficulty learning new verbal information.				
• Difficulty learning new visual information.				
• Difficulty integrating verbal and visual information.				
Long Term Memory Difficulties				
• Forgets where personal items or school work were left.				
• Forgets to turn in homework assignments.				
• Forgets what happens days or weeks ago.				
• Does well on daily assignments but does not do well on end of the week quizzes.				
• Limited knowledge of basic facts for places, events, and people.				

Examples of memory and learning concerns observed:

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Executive Functions	Not Observed	Mild	Moderate	Severe
Flexibility in Thinking Difficulties				
• Gets stuck on one activity (e.g., playing video games).				
• Does not seem to hear anything else while watching TV.				
• Difficulty transitioning from one activity to another.				
Planning Difficulties				
• Difficulty with making plans.				
• Quickly becomes frustrated and gives up easily.				
• Difficulty figuring out how to start a complex task.				
• Difficulty sticking to a plan of action.				
Problem Solving and Organizing Difficulties				
• Difficulty solving problems that a younger child can do.				
• Difficulty learning new concepts or activities.				
• Makes the same kinds of errors over and over, even after corrections.				
• Frequently loses track of possessions.				
Behavioral / Emotional Regulation Difficulties				
• Demonstrates signs of over activity (hyperactivity).				
• Does not seem to think before acting.				
• Difficulty following rules.				
• Demonstrates signs of irritability.				
• Lacks common sense or judgment.				
• Cannot empathize with the feelings of others.				

Examples of executive functioning concerns observed:

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Attentional Facilitators	Not Observed	Mild	Moderate	Severe
Selective or Sustained Attention Difficulties				
• Seems to get overwhelmed with difficult tasks.				
• Difficulty paying attention for a long period of time.				
• Seems to lose place in an academic task (e.g., reading, writing, math).				
• Mind appears to go blank or loses train of thought.				
• Inattentive to details or makes careless mistakes.				

Examples of attentional concerns observed:

Working Memory Facilitators	Not Observed	Mild	Moderate	Severe
• Frequently asks for repetitions of instructions/explanations.				
• Trouble following multiple step directions.				
• Loses track of steps/forgets what they are doing amid task.				
• Loses place in the middle of solving a math problem.				
• Loses train of thought while writing.				
• Trouble summarizing narrative or text material.				
• Trouble remembering facts or procedures in mathematics.				

Examples of working memory concerns observed:

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Speed, Fluency, & Efficiency of Cognitive Processing Facilitators	Not Observed	Mild	Moderate	Severe
Processing Speed and Fluency Difficulties				
• Takes longer to complete tasks than others the same age.				
• Homework takes too long to complete.				
• Requires extra time to complete tests.				
• Responds slowly when asked questions.				
Processing Speed with Accuracy Difficulties				
• Does not do well on timed tests.				
• Difficulty recalling information accurately and quickly.				
Reading Fluency Difficulties				
• Has a limited reading vocabulary.				
• Slow reading that makes reading comprehension poor.				
• Difficulty reading quickly and accurately.				
• Slow and deliberate reader.				
• Difficulty using appropriate phrasing and expression while reading.				
Writing Fluency Difficulties				
• Takes a long time to write even simple sentences.				
• Develops an organized sequence in writing that is easy to follow.				
• Maintains a clear and sustained focus on the main writing topic.				
Mathematics Fluency Difficulties				
• Takes a long time to solve several simple math problems.				
• Difficulty pulling basic math facts out of memory quickly.				

Examples of speed, fluency, and efficiency of cognitive processing observed:

For each behavior listed below, put a check mark in the "Not Observed" column if the behavior has not been observed in the past six months for this child. If the behavior has been observed during the past six months, put a check mark in one of the three columns marked Mild, Moderate, or Severe (see descriptors below).

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Acquired Knowledge: Language Abilities	Not Observed	Mild	Moderate	Severe
Oral Expression Difficulties				
• Slow labored speech.				
• Limited amount of speech.				
• Makes odd or unusual language or vocal sounds.				
• Distorts sounds (e.g., slurring, stuttering).				
• Difficulty finding the right word to say.				
Receptive Language Difficulties				
• Trouble understanding what others are saying.				
• Does not do well with verbal directions.				
• Loses track of what he/she was told to do.				
• Does not follow conversations well.				

Examples of language concerns observed:

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Severe – behavior almost always observed in this child.

Acquired Knowledge: Reading	Not Observed	Mild	Moderate	Severe
Reading Decoding Difficulties				
• Over relies on sounding out most words when reading; even familiar words.				
• Over relies on memorizing what words look like rather than sounding them out.				
• Substitutes words that sound like the target word (e.g., reading “pear” for “bear”).				
• Substitutes words that mean that same as the word being read, but not the word itself (e.g., reading “truck” for “car”).				
Reading Comprehension Difficulties				
• Difficulty understanding what is read.				
• Difficulty identifying main elements of a story.				
• Appears distracted while reading.				
• Misses important details while reading.				
Reading: Attitudinal Issues				
• Avoids reading activities.				
• Appears anxious/uptight/nervous while reading.				
• Shows no interest in reading for information or pleasure.				

Examples of reading concerns observed:

For each behavior listed below, put a check mark in the "Not Observed" column if the behavior has not been observed in the past six months for this child. If the behavior has been observed during the past six months, put a check mark in one of the three columns marked Mild, Moderate, or Severe (see descriptors below).

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Severe – behavior almost always observed in this child.

Acquired Knowledge: Writing	Not Observed	Mild	Moderate	Severe
Writing: Spatial Production Functions				
• Demonstrates uneven spacing between words and letters.				
• Trouble staying on the horizontal lines.				
• Others have difficulty reading what the child has written.				
• Trouble forming letters and words.				
• Writes overly large letters and words.				
Writing: Expressive Language Functions				
• Limited vocabulary for age; uses lots of easy words.				
• Difficulty putting ideas into words.				
• Uses simple sentence structure and lacks variety.				
• Produces poor spelling in writing.				
• Poor grammar in writing.				
Writing: Graphomotor Output Functions				
• Difficulty holding the pencil or pen correctly.				
• Presses too soft with the pencil/pen while writing.				
• Writes overly small letters and words.				
• Presses too hard with the pencil/pen while writing.				
• Shows preference for printing over cursive writing.				
Writing: Attitudinal Issues				
• Avoids writing activities.				
• Appears anxious/uptight/nervous while writing.				
• Shows no interest in writing activities.				

Examples of writing concerns observed:

For each behavior listed below, put a check mark in the "Not Observed" column if the behavior has not been observed in the past six months for this child. If the behavior has been observed during the past six months, put a check mark in one of the three columns marked Mild, Moderate, or Severe (see descriptors below).

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Severe – behavior almost always observed in this child.

Acquired Knowledge: Mathematics	Not Observed	Mild	Moderate	Severe
Mathematics Computational and Procedural Difficulties				
• Forgets what steps to take when solving math problems (e.g., carrying in addition or borrowing in subtraction).				
• Makes computational errors.				
• Slow in solving math problems.				
• Makes careless mistakes while solving math problems.				
• Does not always pay attention to the math problems signs.				
Mathematics Visual-Spatial Difficulties				
• Difficulty aligning a column of numbers.				
• Difficulty understanding spatial attributes such as size and location of numbers.				
• Difficulty recognizing visual differences in magnitude (e.g., which group of objects has more than another group?).				
Mathematics Verbal Difficulties				
• Difficulty with retrieval of basic math facts.				
• Difficulty solving story problems.				
• Difficulty with counting.				
• Slow in number identification.				
Attitudes Towards Mathematics				
• Appears anxious/uptight/nervous when working with math.				
• Avoids math activities.				
• Show no interest in math.				

Examples of math concerns observed: