



Therapy At School

PHYSICAL AND OCCUPATIONAL THERAPY SERVICES AND DEVELOPMENT

General Information

Name of person being evaluated _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____ Male/Female _____ Adopted? _____ At what age? _____

Any allergies? _____ Please specify _____

Home Phone _____

Parent #1 Cell Phone _____ Parent #2 Cell Phone _____

Parent #1 Email _____ Parent #2 Email _____

Work Phone _____ Work Phone _____

Ethnic origin (optional) Caucasian _____ Hispanic/Latino _____ Other _____

Native American _____ African-American _____ Asian/Pacific Islander _____

First language spoken in the home _____ Second _____

Parents are: Living together _____ Separated _____ Divorced _____ Widowed _____

Father's name _____ Age _____ Occupation _____

Highest grade completed _____ Highest degree _____ Employer _____

Mother's name _____ Age _____ Occupation _____

Highest grade completed _____ Highest degree _____ Employer _____

Brothers and Sisters:

Name	Age	Grade	Name	Age	Grade
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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What are your main concerns motivating you to seek an assessment with us?

Have any other members of the immediate or extended family experienced difficulty with reading and spelling? _____ If so, explain: _____

How much does your child read voluntarily? _____

What does he/she read? _____

Do you read to your child? _____ How often? _____

School Information

Current School _____ Grade _____

Address _____ City _____

Phone # _____ Teacher _____ Principal _____

Age of child at entering school: _____ Years _____ Grades Repeated _____

Name of other school attended and the city _____ Grade _____

Is your child reluctant to go to school? _____

List activities in or out of school in which he/she has been most successful

What is your child's reaction to his/her present school? _____

_____ Is he/she frequently absent? _____

At what age was a reading problem noted? _____

Has the school reported the nature of the problem? Please explain _____

What special help has your child received at school?

What special help has your child received at privately?

How would you describe your child's school problem? _____

Has he/she had any previous psychological or diagnostic testing? _____

If so, please explain. _____

Medical Information

Has he/she been seen by an ophthalmologist or an optometrist? _____

Name _____

Date and results of the examination _____

Has he/she had a hearing test? _____ Results _____

Have there been re-occurring ear infections? _____ At what age _____

Has your child been examined by a neurologist? _____

What were the results? _____

Any significant medical information we should know about? _____

Is your child on medication? _____

Type of medication and dosage _____

Developmental Information

Developmentally was your child delayed in walking? _____ talking? _____

Was he/she a full-term (9 months) baby? _____

Was his/her talk still immature at the age of four or five (e.g. “Fink” for “think”/”dat” for “that”)? _____

Has he/she had speech therapy? Yes/No When? _____

Has he/she ever tended to mix up the order of words in a sentence or mix up parts of words? (e.g. “flutterby” for “butterfly” or “Did you lawn the mow?” for “Did you mow the lawn?”) _____

Does he/she have difficulty expressing ideas verbally? _____

Can your child remember spoken directions? _____

Does he/she reverse any letters when writing (such as b-d, p-q)? _____

When reading? _____

Can he/she remember a short message word-for-word, or a telephone number?

Does he/she have trouble copying material from the board? _____

He/she is: _____ left-handed _____ right handed _____ ambidextrous

Coordination is: _____ good _____ fair _____ poor

Has he/she ever had any difficulty in distinguishing left from right? _____

Social and Emotional Information

Does he/she have problems getting along with others? _____

Does he/she play well with children who are ___older? ___younger? ___ same age?

Is he/she a leader or a follower? _____

Does he/she appear young for their age? _____

Does he/she have a short attention span? _____

Has he/she any nervous tendencies? _____

Does he/she feel inferior? _____

Is he/she a discipline problem: At home? _____ At school? _____

Does he/she have temper tantrums? _____

Referred to Tutoring by _____

Signature of person completing this form _____

Relationship to student _____ Date _____