



Date: _____

Child's Name: _____

DOB: _____

Educational History Form

School Information:

School Name: _____ Current Grade level: _____

What grade did school problems start? _____

Is your child currently receiving any of the following supports in school?

- RTI IEP 504 Plan Special Education from Special School District

Other: _____

Has your child had educational or psychological testing? _____ If yes, by whom? _____

(Please bring your physician a copy of this testing to place in your child's medical record)

Results of the test? _____

Areas of concern:

- absenteeism peer relations memory written expression classwork completion
- anger control risk taking motor skills attention homework disobedience
- self-esteem reading distractibility health problems disruptive behaviors
- unhappy receptive language math spelling motivation test taking
- inconsistent performance immaturity anxious expressive language retaining information

Comments: _____

Social/ Family History:

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Married Divorced Separated Patient lives with: _____

Siblings (names and ages): _____

Is there a family history of attention or learning difficulties, anxiety, depression, substance abuse, other psychiatric health problems? _____

If yes please explain: _____