

Academic History and Learning Environment

Name _____ Date of Birth _____ Gender _____

Child's Strengths (i.e., developmental, academic & behavior) _____

Child's Weaknesses (i.e., developmental, academic & behavior) _____

In terms of area(s) of concern where does child function/perform in comparison to same-aged peers? _____

Academics (Check all that apply)

- Basic Reading Skills Phonics Math Calculation
- Reading Fluency Phonemic Awareness Math Reasoning
- Reading Comprehension Vocabulary Spelling/Written Expression

Comments _____

Speech/Language (Check all that apply)

- Phonological Expressive Language Listening Comprehension/Auditory Processing
- Oral Expression Receptive Language Articulation

Comments _____

Cognitive (Check all that apply)

- Verbal Comprehension Processing Independence/Self Help
- Visual Perceptual Reasoning Visual Motor Short/Long Term Memory

Comments _____

Behavior (Check all that apply)

- Social Skills Noncompliance Aggression Organization
- Internal Emotional External Emotional Attention/On task Study Habits

Comments _____

Motor (Check all that apply) **Sensory** (Check all that apply)

- Fine Visual-Motor Vision Sensory Integration
- Gross Coordination Hearing

Comments _____

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Referral is being made for possible eligibility in what area(s)?

- Specific Learning Disability Autism Hearing and/or Vision Impairment
- Speech/Language Other Health Impairment Orthopedic Impairment
- Developmental Delay Intellectual Disability Traumatic Brain Injury
- Emotional Disability Multiple Disability

Did child attend early childhood program such as Head Start and/or Pre-Kindergarten? _____

Has child been homeschooled in the past? _____

Child currently receives services(s)

- RtI Title I Speech 504 Tutoring Counseling English Language Learner Early Childhood

Comments _____

What incentive program(s) is used within the current classroom? _____

What special education services are anticipated from this case study referral?

Checklist for necessary records

- Current Grades
- School Cumulative Records
- Attendance Records
- RtI information (required for Specific Learning Disability referral)
 - 1) Universal Screening results
 - 2) Tier 1/Tier 2/Tier 3 Curriculum, Interventions and Progress Monitoring
- Behavioral/Disciplinary Reports (if deemed necessary for eligibility)
- Strategies attempted
- Group Standardization Test Results
- Prior Academic Individualized Assessments
- Child Find Screening Information
- Vision and Hearing Screenings

Additional Comments _____

Health and Home Information

Name _____ Date of Birth _____ Gender _____

Pregnancy with child (any health concerns, falls, medications used, illness, etc) comments

Labor/Delivery

__ Full Term __ Premature __ weeks __ Post term __ weeks __ Breech
__ Induced __ Breathing Issues __ Meconium Stain __ Difficult
__ Forceps/Vacuum __ Oxygen Needed __ Cyanosis (Blue Baby) __ Prolonged
__ Cesarean

Weight ____ lbs. ____ oz.

Comments (such as injuries during/at birth, medical attention and/or hospitalization after delivery)

Developmental Milestones

__ Age of walking __ Age talked using words

__ Age when toilet trained

Comments and/or concerns _____

Comments regarding any medical/mental hospitalizations, surgeries, significant illnesses, etc.

Medical/Psychiatric Diagnosis (es)

Diagnosis _____ Age of Diagnosis _____

Diagnosis _____ Age of Diagnosis _____

Any Medication used in the past or present to assist with area(s) of concern? Please list _____

Child's current state of health __ Excellent __ Good __ Fair __ Poor

Comments involving current health _____

Comments regarding vision and hearing _____

Hand Dominance __ Right __ Left

Health and Home Information

Name _____ Date of Birth _____ Gender _____

Child's Biological Mother _____ Child's Biological Father _____

Age _____ Age _____

Person(s) with guardianship of child _____

Comments _____

Please list all individuals living in the household with your child (include name, age and relationship to child)

Any comments regarding divorce, visitation, foster/adoption, current living situations which may impact child? _____

Describe child's personality _____

What does child enjoy doing in his/her free time at home? _____

What concerns (if any) do you have regarding child within the school setting in terms of development (behavioral, academic, social)? _____

What is child's attitude towards school? _____

What concerns (if any) do you have regarding child within the home setting in terms of development (behavioral, sleeping, toileting, etc.) ?

Describe any traumatic experiences that may pertain to his/her educational and/or emotional development.

Any additional information which may be useful in better understanding your child and assisting with educational planning and placement services? _____
