



Present concerns/problems: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever repeated or skipped a grade level?  Yes  No  
Does your child, to your knowledge, have any learning disabilities?  Yes  No  
Has your child received remedial assistance in previous schools?  Yes  No  
Has your child had any behavioral/disciplinary difficulties in previous schools?  Yes  No

Have you consulted a psychiatrist, psychologist or a counselor before?  Yes  No  
If yes, when? \_\_\_\_\_ How many sessions/how long? \_\_\_\_\_  
For what? \_\_\_\_\_

Standardized Test/s Previously Taken:

Nature of Test/Title of Test	Result/Grade	Year Taken

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature Over Printed Name