

TUSCOLA INTERMEDIATE SCHOOL DISTRICT
Student Assistance Team
Parent Form

Student Information

Student's Name: _____ Birthdate: _____
Form Completed by: _____ Phone: _____
Relationship to Child: _____
Address: _____

Health History

List any complications during pregnancy or delivery

Was your child premature? _____

Check any that apply:

<input type="checkbox"/> Allergies	<input type="checkbox"/> Ear Infections
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Head Injuries	<input type="checkbox"/> Seizures/Convulsions
<input type="checkbox"/> Vision Problems	<input type="checkbox"/> Hearing Problems
<input type="checkbox"/> Heart Conditions/Problems	<input type="checkbox"/> Toileting Problems
<input type="checkbox"/> Sleep Problems	
<input type="checkbox"/> Accidents, Hospitalizations, Surgeries; Please Explain: _____	

Other _____

Is your child currently taking any medications? Please list:

Social/Emotional History

Describe any recent changes in your child's health and behavior

What are your child's interests/favorite activities?

What concerns do you have about your child?

When were you first alerted? _____ Have you sought help? Yes/No
If yes, where, from whom, when? _____

Personality Traits and Behaviors Best Describing your Child:

_____ sad	_____ independent	_____ prefers to be alone
_____ moody	_____ even tempered	_____ attempts to hurt self
_____ leader	_____ dependent	_____ is unusually fearful
_____ quiet	_____ affectionate	_____ other _____
_____ happy	_____ very active	
_____ follower	_____ hard to discipline	
_____ attempts to hurt others	_____ has temper tantrums	

Your child plays best:

_____ alone	_____ with adults
_____ with others own age	_____ with older children

Your child is disciplined by:

_____ verbal reprimand	_____ occasional spankings
_____ time outs	_____ other _____

Family Information

List names and ages of family members/others living in home:

Have there been any major changes in the child's life? (e.g. divorce, death, house fire, illnesses)

Is there a family history of learning problems, ADHD, mental illness? (Please describe)

I give permission for the Student Assistance Team to review this information and discuss how to best help my child. I understand this information will be treated in a confidential manner.

Parent Signature _____ Date _____