

Please fill out both sides of this form and bring it with you to your appointment.

Child's Name _____ D.O.B. ___/___/___ Age _____ Grade _____

Address _____ Zip _____

Parent's Name _____ Occupation _____

(please rank order your phone number preference for us to call)

Home Phone () _____ Work Phone () _____ Cell () _____

Parent's Name _____ Occupation _____

Home phone () _____ Work Phone () _____ Cell () _____

E-Mail _____

Marital status of parents: M___ D___ Sep___ Re___ Partner ___ Single ___ Wid ___

Address of either parent if different from child's: _____

_____ Zip _____

Custody arrangement (if applicable): _____

Primary language spoken at home: _____

Is your child adopted? ___Yes ___ No At what age? ___ Been informed? ___Yes ___ No

Name and ages of siblings _____

Name of others who live in home: _____

Significant medical history relating to birth, infancy and childhood _____

Diagnosis (medical / mental health) _____

Medications currently taking (dose/frequency) _____

Medications previously taken: _____

Have you noticed a difference in your child when s/he is taking medication?: ___ Yes ___ No

CONTINUED ON REVERSE SIDE

School child currently attends: _____ Time dismissed: _____

Previously attended school(s): _____

Academically, your child is doing: ___Excellent ___Very well ___Well ___Fair ___Poor

Does your child have learning disabilities? ___Yes ___No If yes, what type? _____

Does your child receive special education services (IEP/504)? ___Yes ___No

If yes, please describe: _____

Has your child been in counseling? ___ Yes ___ No Provider _____

If yes, please describe: _____

Socially, your child is doing: ___ Excellent ___ Very well ___ Well ___ Fair ___ Poor

This form was filled out by: _____ Date _____

Name of person who informed you about the Academy:

_____ Phone () _____

Address: _____ Zip _____

Email: _____

To help us better understand your child please fill out the form below with the name and address of a professional who knows your child well (i.e., counselor, teacher, therapist). We will only speak to this person with your expressed written consent.

I hereby give permission to _____

At _____

street

city

zip

to provide the Academy of Physical and Social Development with information regarding my

son/daughter _____. I also give the Academy permission to speak

with the person listed above regarding my child.

Witness Date

Signature Date