MOORE PUBLIC SCHOOLS

CASE HISTORY

Student _____Birthday _____ Grade _____ School_____

ETHNIC BACKGROUND: ___Black/African American (not Hispanic) ___American Indian/Native American ___Hispanic/Latino ___Asian/Pacific Islander ___White (not Hispanic) ___Other_____

LANGUAGE SPOKEN AT HOME: ____English ____Other_____

STUDENT'S PRIMARY LANGUAGE: _____English _____Other _____

List ALL people living in student's household:

NAME	RELATIONSHIP	AGE	SCHOOL	SPECIAL EDUCATION?

PARENTAL INFORMATION:

Mother/Step-Mother/Foster Mother/Other:_____ (circle one)
Age: _____ Guardianship? Y____N____
Highest Grade Completed: _____
Employed by:_____
Health Concerns:_____

Father/Step-Father/Foster Father/Other:_____ (circle one)
Age: _____ Guardianship? Y____N____
Highest Grade Completed: _____
Employed by:_____
Health Concerns:_____

Explain any special circumstances (divorce, separation, adoption, visitation schedule, guardianship, military deployment, incarceration, etc.):

_____

_____

BIRTH HISTORY:

Pregnancy Complications: _____

Delivery: ___full term ___late (days:____) ___premature (days:_____)
Was child product of a multiple birth? NO YES (explain: _____)
Difficulties with Delivery: ___none (spontaneous/induced) ___breech ___caesarean ___instruments used ___umbilical cord around neck ___meconium aspirated ___other (explain: _____)
Birth weight: ___pounds ___ounces APGAR score: ___
Difficulties following Delivery: ___incubation (how long:_____) ___oxygen (how long:_____) ___"blue baby" ___feeding tube ___colicky ___jaundiced: bilirubin lights? NO YES (how long: _____)
Other (explain: _____)

DEVELOPMENTAL HISTORY: (check time frame in which child achieved each skill & write approximate age)

SKILL	WITHIN NORMAL LIMITS	EARLY	LATE	AGE	SKILL	WITHIN NORMAL LIMITS	EARLY	LATE	AGE
HELD HEAD UP					TALKED				
SAT ALONE					FED SELF				
CRAWLED					DRESSED SELF				
WALKED					TOILET TRAINED				

PREVIOUS PSYCHOLOGICAL OR NEUROLOGICAL TESTING: (other than school evaluations)

EVALUATION DATE	SERVICE PROVIDER	LOCATION	AGE AT EVALUATION

PROFESSIONAL SERVICES: (Counseling, Physical Therapy, Speech-Language Therapy, Occupational Therapy)

SERVICE	SERVICE PROVIDER	LOCATION	AGE DURING THERAPY	DATES

MEDICAL HISTORY: (check all that apply for this child)

____Accident Prone ____Diabetes ____Head Injury ____Seizures
____Allergies ____Digestive Problems ____High Fever ____Accidents (describe: _____)
____Asthma ____Ear Problems ____Hospitalizations ____Other (describe: _____)
____Broken Bones ____Eye Problems ____Loss of Consciousness (describe: _____)

Describe checked items: _____

_____

_____

Medication: Current_____ Dosage_____ Reason_____

_____ _____ _____

_____ _____ _____

Previous _____ Dosage_____ Reason_____

_____ _____ _____

Recent Vision Screening: Date _____ Results _____

Recent Hearing Screening: Date_____ Results _____

PREVIOUS SCHOOL HISTORY:

SCHOOL	GRADE(S)	REPEATED?	TUTORING	SPECIAL EDUCATION

SOCIAL/BEHAVIORAL HISTORY: (check all that apply for this child)

____Apathetic ____Excessive movement in sleep ____Often gets up during night ____Slow to go to sleep
____Bad Nightmares ____Fire Setting ____Oppositional ____Soiling self
____Bedwetting ____Drug Use ____Physically abused ____Takes risks
____Injures others ____Disorganized ____Poor concentration ____Thumb/finger sucking
____Cruelty to animals ____Lethargic ____Self-injurious behavior ____Trouble with the law
____Memory problems ____Sexually abused ____Difficulty keeping friends ____Wetting self
____Sleepwalking ____Difficulty making friends ____Other: _____ ____Nervous habits

Describe nervous habits: _____

FAMILY HISTORY:

Condition	Relationship to Child	Condition	Relationship to Child
ADHD		Learning Disability	
Alcoholism		Intellectual Disability	
Anxiety Disorder		Schizophrenia	
Bipolar		Substance Abuse	
Depression		Suicide Attempts	
Other		Other	

ACADEMIC CONCERNS: (check all that apply for this child)

____Reading ____Math ____Writing/Spelling ____Following Directions
____Poor Grades ____Dislikes going to school ____Frequent absences ____ Other: _____

STRENGTHS: _____

_____

_____

Please indicate how your child relates to other children.

Has problems relating to or playing with other children? _____NO _____YES
If yes, describe: _____

Fights frequently with playmates? _____NO _____YES
If yes, describe: _____

Prefers playing with younger children? _____NO _____YES
If yes, describe: _____

Has difficulty making friends? _____NO _____YES
If yes, describe: _____

Prefers to play alone? _____NO _____YES
If yes, describe: _____

What roles does your child typically take in peer group settings? (leader, follower, etc.)

_____

What activities does your child enjoy? (sports, hobbies, social groups, scouts, church activities, etc.)

_____

BEHAVIOR/TEMPERAMENT	**NO**	**YES**	**BEHAVIOR/TEMPERAMENT**	**NO**	**YES**
Lacks self-control			Overreacts when faced with a problem		
Seems unhappy, moody			Cannot calm down, restless		
Hides feelings, withdrawn			Difficulty with change/transitions		
Has fears			Anxious tendencies, panic attacks		
Seems impulsive			Easily angered		

Additional concerns:

_____

Completed by: _____ Date: _____

Address: _____ Phone: _____

Email: _____