



Holden R-3 School District
1612 South Main
Holden, MO 64040

Parent/Guardian Input Form

Student Name:
Parent/Guardian:

Grade:
Date:

Dear Parent/Guardian,
Your input is extremely important in order to complete the screening process. Please complete the following information and return it to school as soon as possible.

Family Information

List the names of all individuals, ages, relationships, of people residing in your child's home.

Name	Age	Relationship	Name	Age	Relationship
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Is English the primary language spoken in the home? _____

If no, indicate the language spoken: _____

What other languages are spoken in the home? _____

If parents are divorced/separated, how much time is spent with the each family unit?

Has your child had numerous changes in residences? _____ If yes, elaborate: _____

Background/Development and Medical History

Pregnancy or birth complications? _____ If yes, please describe: _____

Were developmental milestones reached within normal limits? _____ If no, please describe: _____

Is your student's overall general health good? _____ If no, please describe: _____

Does your student receive regular medical check-ups? _____ Physician's Name _____

Does your student take medication on a regular basis? _____ If yes, please list: _____

Does your child have allergies? _____ If yes, please describe: _____

List any Childhood diseases, serious illnesses and/or injuries: _____

Vision, hearing or motor problems: _____

Describe any significant events for your child with age at which they occurred. (serious illness or death of family member, additions to the family, divorce/separation, abuse, home disaster, ect): _____

Please either check the box NONE or list your concerns in each of the areas listed below.

AREA	NONE	SPECIFIC CONCERNS
VISION		
HEARING		
HEALTH		
GROSS MOTOR (Running, skipping, balance, riding a bike, etc)		
FINE MOTOR (handwriting, coloring, cutting)		
COMMUNICATION SPEECH		
COMMUNICATION LANGUAGE		
COGNITIVE (Intellectual - remembering facts, learns quickly)		
ADAPTIVE BEHAVIOR (Dressing, eating, grooming, toileting)		
ACADEMIC (Reading, Math, Writing)		
TRANSITION (Study Skills, Organization, Daily Life Skills, Post Secondary Goals)		

SOCIAL/EMOTIONAL/BEHAVIORAL		
OTHER CONCERNS		