

Baldwin County Public Schools
Division of Special Services
1091 "B" Avenue
Loxley, AL 36551

Student Information

The information requested is personal and will be treated confidentially. Please give detailed information.

Student (Full Legal Name) _____
Information provided by: _____
Relationship to student: _____ Date: _____

Prenatal History and Birth

Did the mother have any problems during pregnancy? Yes _____ No _____ Don't know _____
If yes, what kind? _____

During pregnancy did the mother use drugs (including prescription, over-the-counter, and recreational) or alcohol? Yes _____ No _____ Don't know _____
If yes, what kind? _____

Were there any complications associated with the delivery (including premature birth, emergency caesarian, etc.)? Yes _____ No _____ Don't know _____
If yes, please explain: _____

Was this a full-term baby? Yes _____ No _____ Don't know _____
Approximate birth weight of this child: _____

Did your child have health complications after birth (including intensive care nursery, surgery, etc.)? Yes _____ No _____ Don't know _____
If yes, please explain: _____

Childhood History

Was your child delayed in walking, talking, toilet training, etc, when compared to other children the same age? Yes _____ No _____ Don't know _____
If yes, please explain: _____

Does your child have a history of health problems (including frequent ear infections, asthma, seizures, etc.)? Yes _____ No _____ Don't know _____
If yes, please explain: _____

Has the child had any accidents (including head injury, severe burns, broken bones, eye injury, etc.)? Yes _____ No _____ Don't know _____
If yes, please explain: _____

Has your child had any hospitalization or surgery? Yes _____ No _____ Don't know _____
If yes, please describe: _____

Does your child take any prescription or over-the-counter medicines? Yes _____ No _____
If yes, list medicine, dosage, and condition being treated: _____

Has your child ever had a psychological evaluation through the school system, Baldwin County Mental Health, or other agency? Yes _____ No _____ Don't know _____
If yes, when? _____ by whom? _____
For what reason? _____

Has your child ever gone to counseling or group therapy through the school or an outside agency?

Yes _____ No _____ Don't know _____

If yes, why? _____

When? _____

Is there any suspicion of alcohol or drug use? Yes _____ No _____ Don't know _____

If yes, please explain: _____

Is there any history of physical/sexual abuse? Yes _____ No _____ Don't know _____

If yes, please explain: _____

List all people living in the household:

Name	Relationship to Child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How does the child get along with the people he/she lives with?

Describe the child's daily routine including sports, after school activities, daycare, and bedtime:

Have any of the following stress events occurred within the past 12 months?

Parents divorced or separated _____ Changed schools _____

Family accident or illness _____ Family moved _____

Death in family _____ Family financial problems _____

Parent changed jobs _____ Other (please specify) _____

Academic

List all schools your child has attended.

School	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is there any other information that you think may help the school in evaluating your child including his/her strengths and weaknesses, talents, fears, behaviors, etc.?

