

School Information Form

Date: _____

Child's Name _____ Grade _____

School Name: _____

Form Completed by: _____

School Contact: _____

School Phone: _____

Please describe the child's difficulty and strengths

Please list any specific question or areas with which you would like help:

Are there any problems with an area of learning?

Reading? Yes No Comment: _____

Spelling? Yes No Comment: _____

Arithmetic? Yes No Comment: _____

Behavior? Yes No Comment: _____

Attention	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
Does not pay attention to details				
Can not sustain attention when moderately motivated				
Does not seem to listen when spoken to				
Fails to follow through on tasks or homework				
Difficulty with organization				
Avoids work that requires sustained mental effort				
Loses things necessary for task or school work				
Easily distracted by extraneous stimuli				
Often forgetful in daily activities				

Hyperactivity	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
Fidgets with hands, squirms in seat				
Leaves seat in classroom				
Runs about climbs excessively (for adolescents- feels restless)				
Difficulty playing or engaging in leisure activities quietly				
Often “on the go”, Driven by a motor				
Talks excessively				

Impulsivity	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
Blurts out answers				
Difficulty waiting turn				
Interrupts or intrudes on others (butts into conversation or games)				

Tics	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
Motor Tics				
Vocal Tics (makes grunting sounds)				
Tics many times a day for many days. No tic free period for more than three months.				
Tics cause social or school problems				

ODD	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
Loses Temper				
Argues with Adults				
Often actively refuses to comply with adult requests or rules				
Often deliberately annoys people				
Blames others for his mistakes				
Touchy or easily annoyed				
Angry and resentful				
Spiteful or vindictive				

Sleep	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
Often falls asleep during class				
Appears sleepy during the day				

Vision (ask child directly)	Definitely Applies	Applies Somewhat	Does Not Apply	Cannot Say
When reading do the words move/vibrate				
When reading do the words get blurry				
When reading is there color on the page or does the white part of the page encroach on the black				
When reading do the lines get wavy				

Anxiety

	Definitely	Sometimes	Never
Appears anxious or worried			
Child is irritable			
Has trouble sleeping, nightmares			
Bites nails, sucks thumb or sucks on hand or other habit			
Worried about health, wants to see the doctor often, says is ill			
Resists going to school, seeing new things , changing routines			
Has muscle aches			
Has lost a significant figure in the past due to death or disappearance.			
Has a specific fear?	What? _____		
Family history of anxiety, panic disorders, hypochondria.	Relation to patient _____		

Compulsions Obsessions

	Definitely	Sometimes	Rarely
Checking behaviors such as counting or hoarding			
Excessive hand washing			
Recurrent persistent intrusive thoughts, impulses, images			

Other comments:
