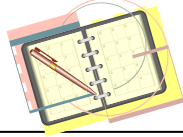




Background-Initial Interview Form

(3 to 18 years of age)

ATTENTION: Please take enough time to thoroughly complete this form. This information is a critical part of the assessment process. If you do not remember exact dates or ages, use closest approximation or mark unknown. Thank you!



General Information

Appointment date: _____ Time: _____

Name of student: _____ Nickname: _____
First Spell out middle name Last

DOB: ___/___/___ Age: ___ Gender: ()male ()female Race/Ethnicity: _____

Student's place of birth (city, state): _____ Relocations? Cities/State and age of student at time of relocation: _____

Mother's full name: _____ Father's full name: _____

Telephone: _____ Email: _____

Address: _____ City: _____ Zip: _____

We homeschool ()No ()Yes. Since _____ () FL Virtual School

Student's current or last completed grade level: _____

Name of academic institution: _____ County: _____
 () Public () Charter () Magnet () Private () Technical institution/college () University

General reason for assessment/referral

Mark all that apply:

() Reading problems () Writing problems () Math problems () Poor academic performance in all subjects
 () Inattention () Hyperactivity/Impulsivity () ASD(Autism) () Developmental delays () Gifted Program
 () Psycho-educational assessment () Re-eval for IEP/504 Plan () Rule out specific learning disabilities
 () Requesting reasonable accommodations (i.e. extended time) () Other. Specify: _____

If applicable, name of person /agency making referral or recommendation: _____

Position/title: () School social worker / Guidance counselor () Teacher () Pediatrician () Neurologist
 () Psychiatrist () Speech & Lang therapist/pathologist () OT () Other. Specify: _____



Family/Home Life

Student is: () Biological child () Adopted () Foster child () Relative _____ () Other

Describe student's current familial status and living arrangement:

- () Both biological parents married and living together () Biological parents separated () Biological parents divorced
- () Remarried parent () Parent living with domestic partner () Living with relative () Residential home
- () Appointed legal guardian/legal custodian

Describe custodial arrangements if applicable: _____

How many siblings living full time in household? _____ Ages and gender: _____

If other siblings living part-time in household, ages/gender and frequency in home: _____

Other persons besides parents/siblings living in same household with child, relationship/age/gender: _____

Mother's occupation: _____ Age () Father's occupation: _____ Age ()

Describe **any recent changes or situations at home that may be a source of stress to the child** (ex.: excessive arguing/violence (physical or verbal), alcohol/drug use, high crime area, recent change in family status (separation or divorce), new stepparent or domestic partner, new step-siblings, new biological sibling, unemployment, absent parent (includes parents who travel for extended periods of time or work over 50 hrs a week), death/loss in the family, illness, natural disaster, relocation, new school, older sibling leaving to college, other recent changes in daily routine ...) _____

Pregnancy/Childbirth



Pregnancy:

- () Full term: 37-41 weeks () Late Pre-term: 34-37 weeks () Very Pre-term: less than 32 weeks
- () Extremely Pre-term: less than 25 weeks () Unknown
- () Healthy pregnancy () Ectopic pregnancy () Gestational diabetes () Gestational hypertension
- () Preeclampsia () Placenta Previa () Anemia/iron deficiency () High stress () Depression () Smoker
- () Drug or alcohol use () Used prescription medications to treat medical condition. Explain: _____

() Other health or emotional complications during **pregnancy**. Explain: _____

Childbirth and First Infancy:

- () Natural/Vaginal labor () Cesarean section () Unknown
- Baby's health at birth:** () Normal/Healthy () Low birth weight () Anoxia at birth () Low heart rate
- () Jaundice () NICU stay. How long?: _____ () Unknown

Did the infant pass the Apgar Scale (newborn screening) at birth? () yes () no () unknown

Describe any other complications: _____

Was mother able to spend first 3 months bonding with infant? () Yes () No. Reason: _____

Breastfed () No () Yes. How long? _____



Developmental Milestones

Verbal communication:

Spoke first words () Typical () Early () Late () Unknown

Spoke complete sentences () Typical () Early () Late () Has difficulty/Still in progress () Unknown

Gross-Motor:

Crawled () Typical () Early () Late () Unknown

Walked without assistance () Typical () Early () Late () Unknown

Climb and run () Typical () Early () Late () Has difficulty/Still in progress () Unknown

Potty Training:

Stopped using diapers () Typical () Early () Late () Still in progress () Unknown

Stayed dry at night () Typical () Early () Late () Still in progress () Unknown

Fine-Motor:

Used utensils to self-feed () Typical () Early () Late () Still in progress () Unknown

Scribbled on paper using crayon/pencil () Typical () Early () Late () Still in progress () Unknown

Ties shoe laces without assistance () Typical () Early () Late () Still in progress () Unknown

Writes name correctly () Typical () Early () Late () Still in progress () Unknown

Writes complete sentences, using proper spelling, punctuation & capitalization () Typical () Early () Late () Still in progress () Unknown

Handedness () Left () Right () Ambidextrous _____

Social:

Separating from parent/caregiver () Typical () Had some difficulty () Has difficulty/still in progress () Unknown

Sleeping in own bedroom () Typical () Had some difficulty () Has difficulty/still in progress () Unknown

Showing and responding to affection () Typical () Had some difficulty () Has difficulty/Still in progress () Unknown

Playing with others and making friends () Typical () Had some difficulty () Has difficulty/Still in progress () Unknown

Adjustment to changes or transitions () Typical () Had some difficulty () Has difficulty/Still in progress () Unknown

Any other area(s) of struggle during early childhood? Please describe: _____

Early Childcare/Preschool

Childcare during first year: () Mother () Relative _____ () Daycare. What age? _____

Mastered expected skills for preschool (identifying letters/sounds, numbers, days of week, weather...)

() Typical () Had some difficulty () Has difficulty/still in progress () Unknown



Language



Language(s) spoken at home: () English () Spanish () Other: _____
Dominant language: _____
Is the student's verbal communication clear and intelligible? () Yes () No
Explain: _____
Has the student ever received speech therapy? () No () Yes. Age: ____ () Still does. Frequency: _____



General Health

Describe student's overall health: () No serious illnesses, healthy. () Diagnosed with the following physical illnesses/allergies/disorders/disabilities: _____

List medications taken on a regular basis: _____
Has the student been absent more than 10 times in any given school year due to illness? () No () Yes.
Explain: _____
List surgeries, hospital stays or procedures, fractured bones/injuries/stitches (include dates or age): _____

Sensorial:

Does the child wear corrective lenses? () No () Yes. Vision acuity: Left ___/20 Right: ___/20
Does the child use a hearing aid? () No () Yes. Pressure equalization tubes? () No () Yes. Which ear? _____
Does the child exhibit any sensitivities to textures? (i.e. avoids certain textures in food or clothes) () No () Yes.
Explain: _____
Does the child exhibit any sensitivities to sounds? (i.e. covers ears or avoids noisy situations) () No () Yes.
Explain: _____

Neurological:

Does the student have any neurological conditions such as nervous ticks (i.e. Tourette's), restless leg syndrome seizures, stuttering, diagnosed with ADD/ADHD? _____



Psychiatric and Psychological

() None () My child has been previously diagnosed with the following psychiatric, psychological, intellectual or learning impairments: () Intellectual disability () ADD/ADHD () Specific Learning disabilities () Autism () Anxiety disorder () Depression () Mood disorder () Bipolar disorder () Conduct disorder () Other: _____
Name of person(s) who made diagnosis: _____ Date/age: _____
Medications taken: _____



Academic Performance

Placement: () Regular () Advanced () Honors () Gifted () ESE. Reason: _____

Describe your child's overall academic performance () Excellent () Good () Satisfactory () Poor

() At risk of failing () Has failed. What grade(s)? _____

List subjects and most recent grades or progress report: _____

Participates in: () RTI. Tier: () 1 () 2 () 3

() Has an IEP. Grade _____ Reason: _____

() Has 504 Plan. Grade _____ Reason: _____

Has received/receives: () Occupational therapy () Speech () Behavior therapy/Applied Behavior Analysis

() Extended Learning Program-after school () Social skills () Counseling. Grade and

reason: _____

Student currently struggles in the following areas. **Mark all that apply:**

() Appears to be struggling in all subjects

Reading. Specific difficulty with:

() Phonics/decoding () Fluency (labored) () Substitutes letters/sounds () Omits letters/sounds

() Adds letters/sounds. () Comprehension () Can read well, but cannot remember details.

() Takes significantly longer to read compared to peers. Describe other specific errors or difficulties in reading: _____

Writing/spelling. Specific difficulty with:

() Reverses letters/words () Substitutes letters/words () Omits letters/words () Adds letters/words

() Letter-number confusion () Inventive spelling () Inventive symbols-not real letters

() Inappropriate letter size () Inadequate spacing () Takes significantly longer to write compared to peers.

Describe other specific errors or difficulties in written expression: _____

Math. Specific difficulty with:

() Reverses numbers () Multiplication tables () Division () Telling time () Algebra () Geometry

() Word problems Describe other specific errors or difficulties: _____

Behavior. Specific difficulty with:

() Inattention/focus /difficulty staying on task () "Zones out" and daydreams () Working independently

() Working with others/does not do well in groups () Requires extra time to complete classwork, assignments and

tests () Test anxiety () Separation anxiety ; refuses to go to school () Generalized anxiety () Victim of

bullying () Hyperactivity/Impulsivity () Disruptive behavior in class () Defiant and oppositional () Bullies

others () Has been in detention

() Has been suspended from school. Date/Reason: _____

() Has been expelled from school. Date/Reason: _____

() Appears bored, masters material presented in class, giftedness suspected.

Describe other specific areas of concern: _____



Behavior at home

- My child is generally well adjusted; no major behavior problems or concerns.
- Presents some difficulties. **Mark all that apply:**
- Low self-esteem Feelings of worthlessness; self-critical Isolation, prefers to be alone Persistent sadness
- Low appetite Sleep disturbances; difficulty sleeping Low tolerance to frustration
- Chronic shyness Separation anxiety Generalized anxiety Refuses to sleep in own room
- Refuses to bathe alone Anger/rage Oppositional/defiant Aggressive Lying Stealing
- Dangerous or risk-taking behavior Vandalism Run away Sexually inappropriate Abusive towards people or animals
- Substance abuse (i.e. marijuana, alcohol, smoking, other drugs) Disorganized
- Forgetful Mood swings Frequent tantrums
- Other specific concerns: _____



Student's extra-curricular activities, hobbies and interests:

- Baseball/softball Flag football Soccer Basketball Swimming Running Golf
- Tennis Volleyball Gymnastics Cycling Hockey Skating Lacrosse Rugby
- Karate Taekwondo MMA Wrestling Other specify: _____
- Cub Scouts/Boy Scouts/Eagle Scouts Youth group Debate team Dance Drama/acting
- Creative writing Reading Art/drawing/painting Photography
- Music. Instruments played: _____
- IT/Technology Video games Building models, Legos Gardening Cooking Caring for pets
- Other interests, please specify: _____

Any other information you would like to share?



IMPORTANT: PLEASE READ AND SIGN

Privileged Communication and Limits of Confidentiality

Confidentiality is an ethical standard set forth by a profession, whereas *privileged communication* is granted by law. It is important that parents and legal guardians understand that the law supersedes ethics in three mental health situations for minors:

- 1- Reports of being abused
- 2- Reports of harm to self
- 3- Reports of a plan to do harm to another person.

There are other exceptions to confidentiality and privileged communication. If mental health professionals are ordered by a court to release counseling records, they can state their objections, but they will be required to forfeit these records or they may be found in contempt of court.

() I understand and agree to these terms.

(Parent or legal guardian's signature)

(Today's date)

Payment Agreement

() I hereby acknowledge and agree that I am fully responsible for the established fee () for rendered services, **which is due in full on the day of testing.** Personal checks and money orders are accepted. Credit cards used through PayPal have a 2.9% service fee and request will be sent before end of testing session.

Signature of responsible party or agency: _____

For IQ Testing Only (Gifted Program Placement)

Parents have a right to seek independent or private IQ testing as part of the criteria for the Academically Gifted Program. I _____ understand IQ scores are final and cannot be altered in any way. In the event that my child does not meet the minimum IQ score required for AGP placement, I am still obligated to pay any fees due associated with this service and agree to not dispute nor contest test scores. I also understand that my child cannot be re-tested using the same instrument within 6 months of administration.

() I agree to the above terms and conditions.

(Parent or legal guardian's signature)

(Today's date)