

**BEHAVIOR COORDINATOR – WILDROSE PUBLIC SCHOOLS**

**Background Information/Child History Form (for parents to complete)**

**IDENTIFYING INFORMATION:**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Parents/Guardians: (first & last name) \_\_\_\_\_

Child Resides With: ( both/one parent, family configuration, siblings names & ages)

\_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

**AREAS OF CONCERN:**

What specific concerns do you have, that you would like to have addressed in this assessment? What is your major concern with respect to your child's progress at school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BACKGROUND INFORMATION:**

**Developmental History:**

Any complications during pregnancy, delivery, early infancy? If yes, please explain.

\_\_\_\_\_

Early milestones, such as walking, talking – early, average, or late to develop.

\_\_\_\_\_

Early educational/behavior experiences: When were concerns first noted? What kind of difficulties were seen? \_\_\_\_\_

Previous Schools: \_\_\_\_\_ Grade(s) Repeated? \_\_\_\_\_

Previous Special Education Services? \_\_\_\_\_

Previous Assessments? What?When?Results? \_\_\_\_\_

\_\_\_\_\_

**Current Information:**

Describe your child's specific areas of difficulty: \_\_\_\_\_

\_\_\_\_\_

Describe your child's strengths: \_\_\_\_\_

\_\_\_\_\_

Are there any family or peer factors which may contribute to your child's behavior, ie. separation/divorce of parents, illness/death of family member, economic difficulties, peer conflicts? If yes, please explain. \_\_\_\_\_

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**CHECKLIST:** Please check the statements which describe your child:

**1. Relations with Others:**

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> outgoing    | <input type="checkbox"/> likes group activities | <input type="checkbox"/> friendly      |
| <input type="checkbox"/> tolerant    | <input type="checkbox"/> has many friends       | <input type="checkbox"/> plays alone   |
| <input type="checkbox"/> shy, timid  | <input type="checkbox"/> aggressive, defiant    | <input type="checkbox"/> tactful       |
| <input type="checkbox"/> few friends | <input type="checkbox"/> seeks attention        | <input type="checkbox"/> independent   |
| <input type="checkbox"/> patient     | <input type="checkbox"/> withdrawn              | <input type="checkbox"/> conscientious |

**2. Effort & Work Habits:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> careful          | <input type="checkbox"/> distractible    | <input type="checkbox"/> readily fatigued |
| <input type="checkbox"/> creative         | <input type="checkbox"/> gives up easily | <input type="checkbox"/> underachieving   |
| <input type="checkbox"/> poor work habits | <input type="checkbox"/> works rapidly   | <input type="checkbox"/> works slowly     |

**3. Attention & Organization:**

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> listens carefully  | <input type="checkbox"/> inattentive to instructions | <input type="checkbox"/> fidgety      |
| <input type="checkbox"/> daydreams  | <input type="checkbox"/> impulsive                   | <input type="checkbox"/> loses things |
| <input type="checkbox"/> disruptive   | <input type="checkbox"/> is "on the go"              |                                       |
| <input type="checkbox"/> waits until instructions are completed before beginning task |  |                                       |

**4. Verbalization/Communication:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> talks excessively | <input type="checkbox"/> expresses self well        | <input type="checkbox"/> rude/bad language |
| <input type="checkbox"/> poor articulation | <input type="checkbox"/> difficulty expressing self | <input type="checkbox"/> frequent comments |

**5. Self-Image:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> self critical                | <input type="checkbox"/> downplays own inadequacies               | <input type="checkbox"/> forceful       |
| <input type="checkbox"/> lacks confidence             | <input type="checkbox"/> self centered                            | <input type="checkbox"/> little emotion |
| <input type="checkbox"/> anxious/worried              | <input type="checkbox"/> recognition & acceptance of own mistakes |   |
| <input type="checkbox"/> not bothered by poor efforts |   |   |

**OTHER RELEVANT INFORMATION:**

Medications (type/purpose): \_\_\_\_\_

Other agencies involved: (Child & Family Services, Mental Health, private psychologist/psychiatrist) \_\_\_\_\_

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\*Please ensure you have signed a parental consent form and understand the purpose of the assessment and how the results will be used.