

**PSYCHOLOGICAL ASSESSMENT
REFERRAL AND BACKGROUND INFORMATION
(Child and Adolescent Form)**

Center for Psychology & Education, PLLC
101 Europa Drive, Suite 170
Chapel Hill, NC 27517
919.928.0144

I. Basic Information about your Child

1. Child's name:
2. Child's age and birth date:
3. Parents'/caretakers' names:
4. Names, ages, and birth dates of siblings and other household members:
5. Home address (es):
6. Home telephones/fax #s/e-mail addresses:
7. Parents' occupations and educational backgrounds:
8. Work telephones/fax #s/e-mail addresses:
9. Child's height and weight (numbers and/or percentiles if available):

10. Child's current physician, and address/phone contact information for physician if available:

11. Please describe your child's temperament and general personality:

12. What types of activities does your child most enjoy, and does he or she participate in any structured or formal extracurricular activities?

13. What do you consider to be among your child's greatest strengths?

II. Description of Questions, Concerns, and/or Problems

1. Briefly describe the main question, concern, and/or problem for which you are seeking evaluation at this time:

2. When did you first have this question, concern, or problem?

3. Have you ever sought assistance for this question, concern, or problem from other professionals? If so, please indicate from whom.

4. What is your current thinking regarding the most likely influences or causes of the concern or problem in question?

5. Whose idea was it to have this evaluation?

6. What have you said to your child about this evaluation?

III. School Information

1. Child's grade in school:

2. School name, address, and phone number (if handy):

3. Please list the names of your child's teacher (s):

4. Please list child's previous schools attended, if any, including preschool (s):

5. Has your child ever repeated or skipped a grade?

6. Has your child ever received special educational services or accommodations in school (i.e., has an IEP or 504 Plan ever been developed?)

7. Please describe your child's present educational program (include number of teachers, size of classrooms, description of time outside of regular classroom, extracurricular activities, etc.).

8. How does your child generally function in school academically and behaviorally? Please describe strengths and weaknesses and include copies of any relevant academic records (e.g., recent report cards, EOG reports, results from group standardized testing).

9. Has your child ever worked with a tutor outside of school?

10. Is there a particular person in your child's school who would be useful to contact regarding his/her functioning or the results/recommendations from this evaluation? If so, please provide the person's name and phone number if known.

IV. Developmental and Medical Histories

1. Were there any difficulties with pregnancy or the perinatal period of development?

2. Did your child reach early developmental milestones (e.g., sitting; standing; walking; articulation; communication; fine and gross motor movement; social skills) at the expected times? If not, please describe.

3. Please describe any significant health problems your child has had in the past.

4. Does your child have any health problems at present?

5. Does your child take any prescribed medications, herbs, or homeopathic treatments? Please list dosages if known.

6. Do you have any concerns about your child's sleep habits?

7. Do you have any concerns about your child's eating habits?

8. Does your child have any visual problems? Does s/he wear corrective lenses?

9. Has your child ever been suspected of having hearing problems?

10. Is there any family history of problems or differences with respect to learning or attention?

11. Is there any family history of clinically significant developmental disabilities, depression, anxiety, behavior and interpersonal problems, motor tics, and/or substance abuse?

IV. Prior Evaluations, Testing, and Treatment

1. Has your child had any previous individual psychological, psychoeducational evaluations or "testing?" If so, please describe, and provide copies of reports if possible.

2. How does your child tend to "test" on end-of-grade, end-of-course, or other group standardized tests (e.g., ERBs, CATs)?

3. Has your child ever been seen by a speech and language pathologist, occupational therapist, or a physical therapist?

4. Has your child ever been evaluated by or received treatment from a mental health professional?