CHILD NEUROPSYCHOLOGICAL HISTORY

Please complete and bring to
your first appointment.

Patient Information

Child's name	Today's date	
Street		
City	State	Zip
Parent or Guardian's Telephone: Day ( )	Eves. ( )	

Child's Social Security No.	Office use only:

Age	Birthdate / /		
Primary Language			
Ethnicity or Race			
Religion			
Diagnosis #1		Circle the child's Gender	Circle the hand currently used for writing
Diagnosis #2			☐ This hand preference is new

Grade	School Name	School District
If in a special class or program describe it:		
Type of School: ☐ Public ☐ Private ☐ Parochial ☐ Other:		

Referral Information

Who referred the child?	Dr. Mr. Ms.
From (Institution or Affiliation)	
Why was the child referred?	

What specific questions would you like answered by this evaluation?	1
	2
	3

Respondent Information

Your name	Relationship: ☐ Mother ☐ Father ☐ Other:	
Street		
City	State	Zip
Day telephone	Evening telephone	

PROBLEM CHECKLIST

Report all problems that apply by checking the OLD or NEW problem box (complete the table below to indicate how you will use the OLD and NEW descriptions). Then rate the severity of any checked problem from 1 to 5 using the scale in each section. Compare the child to children of the same age. If a problem does not apply or you are unsure, leave the box blank.

OLD Check one box to indicate how you will use the OLD description	**NEW** Check one box to indicate how you will use the NEW description
☐ The problem existed **before** a recent illness or injury ☐ The problem began **more than 1 year ago**	☐ The problem began **after** a recent illness or injury ☐ The problem began **within the past year**

1 PROBLEM SOLVING

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate	Child has difficulty...
☐	☐		learning new or complex activities or concepts
☐	☐		with organizing activities, schoolwork, or personal items at home
☐	☐		solving problems a younger child can do
☐	☐		understanding explanations
☐	☐		benefiting from experience (makes the same error repeatedly)
☐	☐		varying play/recreation activities, or varying problem-solving strategies (inflexibility)
☐	☐		switching from one activity to another activity (transitions)
☐	☐		completing an activity in a reasonable period of time, or understanding time constraints
☐	☐		Quickly frustrated and gives up easily
☐	☐		Other problem solving difficulties:

In new situations, the child tends to learn by: ☐ talking a lot ☐ listening and observing ☐ touching/handling

2 LANGUAGE

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate	
☐	☐		Articulation: ☐ omits sounds ☐ substitutes sounds ☐ distorts sounds ☐ mixes sequence (aminal)
☐	☐		Fluency: ☐ difficulty finding the right word to say ☐ limited amount of speech ☐ slow, labored speech
☐	☐		Speaks in a monotone (very little emotion in speech)
☐	☐		Talks much more than average and in an unusual way
☐	☐		Odd or unusual language or vocal sounds
☐	☐		Difficulty understanding what others are saying
☐	☐		Other speech or language problems:

The child's best language skill is:

3 SCHOOL SKILLS

Rate each skill compared to children the same age

POOR	AVERAGE	GOOD	
☐	☐	☐	Reading letters or words
☐	☐	☐	Reading comprehension
☐	☐	☐	Writing letters (correct form, proper orientation)
☐	☐	☐	Written expression (forming ideas, organization, grammar, etc.)
☐	☐	☐	Spelling
☐	☐	☐	Math Difficulty with: ☐ written math ☐ mental calculations ☐ word problems

☐ Needs more time than other children to complete schoolwork

☐ Difficulty with homework:

☐ Other school problems:

Difficulty with school seemed to begin (age or grade):

4 NONVERBAL SKILLS

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate	
☐	☐		Difficulty with puzzles, Legos®, blocks, or similar games
☐	☐		Confusion with direction (right/left) or orientation (back/front or up/down)
☐	☐		Problems drawing or copying
☐	☐		Does not reliably identify colors ☐ is color blind
☐	☐		Difficulty recognizing objects or people child should know
☐	☐		Difficulty with dressing (tying shoes, pulling up zipper) that is not due to a physical disability
☐	☐		Other nonverbal problems:

Child is much better with: ☐ language than hands-on activities ☐ hands-on activities than language

5 ATTENTION

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate	
☐	☐		Mind appears to go blank at times, or loses train of thought
☐	☐		Difficulty paying attention: ☐ in class ☐ at home ☐ with other children

Problems with attention seemed to start around age:

☐ Attentional problems improve with some activities (e.g., better with TV or video games than when required to listen)

The child seems: ☐ inattentive and hyperactive ☐ inattentive but not hyperactive

The child concentrates best when:

6 MEMORY & LEARNING

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate	Frequently forgets...
☐	☐		where s/he leaves toys, schoolwork, or other objects
☐	☐		what happened recently (e.g., prior meal)
☐	☐		what happened days/weeks ago
☐	☐		school assignments
☐	☐		what s/he has been told recently
☐	☐		Other memory or learning problems:

☐ Can recognize something even if s/he cannot recall it

Since a recent accident, child has difficulty: ☐ recalling events before the accident ☐ recalling new events

The child is best at remembering:

7 MOTOR & COORDINATION

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate		Left side	Right side
☐	☐		Muscle weakness or paralysis . . .	☐	☐
☐	☐		Muscle tightness or spasticity . . .	☐	☐
☐	☐		Clumsy or awkward . . .	☐	☐
☐	☐		Walking (gait) problems . . .	☐	☐
☐	☐		Odd movements (posturing, peculiar hand movements, etc.)		
☐	☐		Involuntary or repetitive movements: ☐ eye/facial ☐ vocal ☐ limbs ☐ body		
☐	☐		Oral (mouth) motor problems		
☐	☐		Poor fine motor skills (e.g., using a pencil, scissors, etc.)		
☐	☐		Other motor or coordination problems:		

8 SENSORY

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate		Left side	Right side
☐	☐		Vision problems . . .	☐	☐
☐	☐		Hearing problems . . .	☐	☐
☐	☐		Loss of feeling on skin . . .	☐	☐
☐	☐		Difficulty smelling or tasting foods		
☐	☐		Overly sensitive to: ☐ touch ☐ light ☐ noise		
☐	☐		Other sensory problems:		

9 BEHAVIOR

1 = Mild 2 = Mild to Moderate 3 = Moderate 4 = Moderate to Severe 5 = Severe

OLD	NEW	Rate		OLD	NEW	Rate	
☐	☐		Bedwetting	☐	☐		Self-esteem is low
☐	☐		Bizarre or unusual behavior	☐	☐		Self-mutilates or stimulates
☐	☐		Dependent for age	☐	☐		Sexual behavior is inappropriate
☐	☐		Depressed	☐	☐		Sleeping problems
☐	☐		Eating habits are poor or unusual	☐	☐		Social skills are poor
☐	☐		Emotional	☐	☐		Suicidal acts or statements
☐	☐		Fearful or nervous	☐	☐		Unemotional
☐	☐		Immature for age	☐	☐		Uninterested in people
☐	☐		Impulsive or disinhibited	☐	☐		Unusual beliefs
☐	☐		Repetitive behaviors	☐	☐		Withdrawn (solitary) play
☐	☐		Risky (dangerous) behaviors	☐	☐		Other:

☐ Aggressive to people or animals ☐ Destructive ☐ Firesetting ☐ Steals ☐ Ignores rules/rebellious ☐ Angry

☐ The child's behavior is very different depending on the situation:

☐ The child's behavior has recently changed:

Check behaviors that occur more frequently than in children of the same age and that have been present for at least the past 6 months.

Mild	Moderate	Severe	
☐	☐	☐	Inattentive to details or makes careless mistakes
☐	☐	☐	Difficulty sustaining attention over time in schoolwork or play
☐	☐	☐	Does not seem to listen when spoken to
☐	☐	☐	Does not follow through on instructions and fails to complete schoolwork or other activities
☐	☐	☐	Difficulty organizing activities
☐	☐	☐	Avoids or dislikes activities that require a lot of mental effort (schoolwork, homework)
☐	☐	☐	Loses things necessary for tasks at home or school
☐	☐	☐	Easily distracted: Distracted by ☐ sounds ☐ sights ☐ physical sensations
☐	☐	☐	Very forgetful
☐	☐	☐	Fidgety, restless when seated
☐	☐	☐	Leaves seat in classroom or other situations when required to remain seated
☐	☐	☐	Runs or climbs when it is inappropriate to do so, or feels very restless
☐	☐	☐	Difficulty playing quietly
☐	☐	☐	Always moving or acts as if driven by a motor
☐	☐	☐	Talks excessively
☐	☐	☐	Blurts out answers before questions are completed
☐	☐	☐	Difficulty awaiting turn in class or in games
☐	☐	☐	Interrupts or intrudes frequently

10	Overall, most of the problems developed	☐ gradually	☐ <- in-between ->	☐ quickly
11	Most problems occur	☐ occasionally	☐ <- in-between ->	☐ often
12	Compared to brothers/sisters, child has:	☐ few problems	☐ similar problems	☐ more problems
	Compared to other children of the same age, child has: .	☐ few problems	☐ similar problems	☐ more problems

PREGNANCY

☐ Pregnancy information is unknown

13 How often did the biological mother see the doctor during her pregnancy with this child?

☐ As scheduled by the doctor ☐ Rarely ☐ Not at all

☐ Mother initially was unaware of this pregnancy for a long time

14 List all medications (prescribed and over-the-counter) the mother took. Use an additional page if needed.

1 - 2 months *before* this pregnancy ☐ None	***During* this pregnancy** ☐ None
1	1
2	2
3	3

15 During the pregnancy, which of the following did the mother use?

	Describe pattern of use
☐ None of the below	
☐ Alcohol	
☐ Caffeine (coffee, tea, etc.)	
☐ Recreational drugs (marijuana, cocaine, etc.	
☐ Tobacco	
☐ Other drugs (describe)	

16 During the pregnancy, the mother's...	**Good**	**Poor**	**If poor, explain**
diet was:	☐	☐	
physical health was:	☐	☐	

17 How much weight did the mother gain while she was pregnant? _____

18 During pregnancy, check all conditions the mother experienced.

☐ None of the below	**Describe any checked items**
☐ Accident	
☐ Anemia	
☐ Bleeding (severe or frequent spotting)	
☐ Diabetes	
☐ High blood pressure	
☐ Illness	
☐ Preeclampsia, Eclampsia, or Toxemia	
☐ Psychological problems or stress	
☐ Surgery	
☐ Vomiting (severe or frequent)	
☐ Other:	

19 How many pregnancies before this child:	How many were live births:	Miscarriages:	Abortions:

BIRTH ☐ Birth information is unknown

20 The child was born: ☐ Early: _____ weeks ☐ On time (38 - 42 weeks) ☐ Late: _____ weeks

21 Birth weight: _____ Length: _____

22 Labor lasted:				
23 Labor was:	☐ Easy	☐ Moderately difficult	☐ Very difficult	
24 During delivery:	☐ Forceps were used	☐ Head was suctioned	☐ Other:	
25 Baby was born:	☐ Vaginally	Caesarean section:	☐ Emergency	☐ Planned
If vaginal:	☐ Head first	☐ Transverse (crosswise)	☐ Posterior (rear) first	☐ Breech
If C-section explain:				
Labor problems:				

26 **Check all that occurred around the time of birth**	**After birth, the child had the following conditions**
☐ Fetal distress	☐ Appeared inactive
☐ Low placenta blocking fetal exit (Placenta previa)	☐ Bleeding into brain
☐ Premature placenta separation (Abruptio placenta)	☐ Blue baby (oxygen deficiency)
☐ Placenta compression	☐ Breathing difficulty
☐ Cord came out before baby (Prolapsed umbilical cord)	☐ Congenital defect
☐ Abnormally **slow** fetal heart beat (bradycardia)	☐ Heart disease or defect
☐ Abnormally **fast** fetal heart beat (tachycardia)	☐ Hydrocephalus
☐ Other:	☐ Hypoglycemia
	☐ Infection
	☐ Large head or ☐ Small head
	☐ Metabolic disorder
	☐ Physical abnormality
	☐ Seizure
	☐ Skin color abnormality: ☐ Jaundice ☐ Other change
	☐ Small or ☐ Large for gestational (birth) age
	☐ Other:

27 List the baby's Apgar scores: 1st: _____ 2nd: _____ 3rd: _____ ☐ Not known

The baby...	**Describe**
28 ☐ had medical problems in the days following birth	
29 ☐ was provided with special equipment	
30 ☐ was transferred to a special unit or service	

31 How long did the baby stay in the hospital? _____

DEVELOPMENT

32 For each skill, check the description that most closely describes the child's development. Check **Early** or **Late** only if you are sure the child's development was different from most other children. For **Early** and **Late**, write in the age (if known). Then indicate how this child compared to siblings (brothers and sisters).

LARGE MOTOR SKILLS	Early	Average	Late	Compared to siblings child was
Crawled	☐	☐ 6-9 mos.	☐	☐ Early ☐ Same ☐ Late
Walked alone (2-3 steps)	☐	☐ 9-18 mos.	☐	☐ Early ☐ Same ☐ Late

LANGUAGE SKILLS	Early	Average	Late	Compared to siblings child was
Followed simple commands	☐	☐ 12-18 mos.	☐	☐ Early ☐ Same ☐ Late
Used simple sentences	☐	☐ 18-30 mos.	☐	☐ Early ☐ Same ☐ Late

SELF-HELP SKILLS	Early	Average	Late	Compared to siblings child was
Toilet trained	☐	☐ 2-3 years	☐	☐ Early ☐ Same ☐ Late
☐ Can't toilet independently due to physical problem:				

	Early	Average	Late	Compared to siblings child was
OVERALL DEVELOPMENT	☐	☐	☐	☐ Early ☐ Same ☐ Late

33 Describe any significant developmental problems: ☐ There were none

34 Describe the child's muscle control as an infant in each of the four areas:

Neck and Head ☐ OK ☐ Tight ☐ Weak or loose

Arms ☐ OK ☐ Tight ☐ Weak or loose

Legs ☐ OK ☐ Tight ☐ Weak or loose

Trunk ☐ OK ☐ Tight ☐ Weak or loose

35 As a baby, the child: ☐ had GE reflux ☐ was diagnosed as Failure-To-Thrive ☐ was fed through a tube

The baby's appetite was: ☐ good, ate well ☐ poor

The baby's growth was ☐ good, grew nicely ☐ poor, failed to gain weight as expected

36 Describe the child's early temperament (to age 5). Check one box in each of the 9 areas.

		In-between	
Physical activity level	Low activity level ☐	☐	☐ High activity level
Sleeping & eating schedule	Regular & predictable ☐	☐	☐ Irregular and unpredictable
Unfamiliar situations	Inhibited, cautious ☐	☐	☐ Uninhibited, spontaneous
Concentration	Concentrated well ☐	☐	☐ Very distractible
Social	Very shy, timid ☐	☐	☐ Very friendly
Persistence with activities	Stayed with activities ☐	☐	☐ Gave up quickly
Sensitivity to environment	Sensitive/easily aroused ☐	☐	☐ Not sensitive
Intensity	Calm, even tempered ☐	☐	☐ Overreacted, emotional
Mood	Happy ☐	☐	☐ Irritable or unhappy

HEALTH

37 Check all of the following that have applied to the child:

☐ AIDS, ARC or HIV+	☐ Cancer	☐ Immune system disorder	☐ Metabolic disorder
☐ Allergies	☐ Cerebral palsy	☐ Kidney disorder	☐ Mumps
☐ Anemia	☐ Colds (*excessive*)	☐ Learning disability	☐ Oxygen deprivation
☐ Apnea	☐ Diabetes	☐ Leukemia	☐ Rheumatic fever
☐ Asthma	☐ Encephalitis	☐ Liver disorder	☐ Scarlet fever
☐ Blood disorder	☐ Enzyme deficiency	☐ Lung disorder	☐ Spina bifida
☐ BPD	☐ Genetic disorder	☐ Measles	☐ Venereal disease
☐ Brain disorder	☐ Heart disorder/defect	☐ Meningitis	☐ Whooping cough

Other syndromes, diseases, or conditions:

38 Overall, the child has been sick: ☐ Not much at all ☐ An average amount ☐ Much of the time

39 Currently, the child complains of: ☐ Headaches or nausea ☐ Stomachaches ☐ Vague symptoms

40 What is the child's current: Height: _____ Weight: _____

41 ☐ Wears glasses... ☐ Farsighted ☐ Nearsighted Other: _____

☐ Uses a hearing aid... ☐ Right ear ☐ Left ear Other: _____

☐ Uses other aid: _____

42 The child has had approximately _____ ear infections during the age range from _____ to _____.

Treatments provided: ☐ Antibiotics ☐ Drainage tubes ☐ Other: _____

43 ☐ The child has a physical abnormality or unusual physical traits: _____

44 ☐ The child has a history of being abused or neglected: _____

The child...	**Describe (age, circumstances, problems afterwards)**
45 ☐ has suffered a head injury	
46 ☐ has lost consciousness or been in a coma	
47 ☐ had a temperature over 104° F (40° C) for more than a few hours	

48 ☐ The child has been in the hospital for a serious accident, injury, or operation. Use an additional sheet if needed.

Age	Reason

49 ☐ The child has epilepsy or has had a seizure. ☐ No *If checked, indicate the epilepsy type.*

Partial:	☐ Simple partial	☐ Complex partial (with unconsciousness)	☐ Partial evolving into generalized			
Generalized:	☐ Absence (Petit mal)	☐ Myoclonic	☐ Clonic	☐ Tonic	☐ Tonic-clonic (Grand mal)	☐ Atonic
Other:	☐ Unclassified type	☐ Febrile (fever) seizure	☐ Had a 30 min seizure	☐ Seizure from unknown cause		

Describe any physical symptoms:	
Describe any behavioral symptoms:	
Diagnosed with epilepsy at age:	How often do seizures occur:
About how many total seizures has the child had:	Last seizure occurred:
How many seizure medications is the child on now:	How many medications have been tried:

50 List the child's prescription medications (other than for minor or routine illnesses).

Medication	Dose	How often?

51 ☐ Child had a very bad reaction or negative side effect to a medication:
If checked, explain: _____

52 ☐ Child has swallowed a poison or drug accidently. *If checked, describe (age and circumstance):*
_____

53 Check all therapies, services, or medical treatments provided to the child.

☐ None of the below	By whom or where	When (ages or dates)
☐ Early intervention or Head Start		
☐ Occupational therapy		
☐ Physical therapy		
☐ Psychiatry ☐ Psychology		
☐ Speech/language therapy		
☐ Other:		

FAMILY

54 Describe the child's parents.

	Mother		Father	
Name	(include maiden)	age		age
Relationship	☐ Biological ☐ Adoptive ☐ Stepmother ☐ Foster		☐ Biological ☐ Adoptive ☐ Stepfather ☐ Foster	
Education (years or degree)				
Occupation (current or prior)				
Major health problems	☐ Deceased		☐ Deceased	
Hobbies				
Lives with this child?	☐ Yes ☐ No		☐ Yes ☐ No	

55 **Children**: Write in the age and sex of the children beginning with the oldest child. For example, a male 5 yrs. old = 5M. If deceased, add "D" after age at death.

☐ No brothers or sisters	Age & Sex of Children							
Children (write in age and sex):	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8
Other people living in the house:								

56 The child has been raised by:		Age placed	Circumstances of placement
☐ Biological mother	☐ Adoptive parents...		
☐ Biological father	☐ Foster parents...		
☐ Biological relatives	☐ Institutional care...		
☐ Other:			

57 Parents' present marital status:

		Age of child when separated or divorced
☐ Married, living together	☐ Separated...	
☐ Unmarried, living together	☐ Divorced...	
☐ Never married, living apart	☐ Other:	

58 Check all that exist in the child's **biological** family (parents, brothers, sisters, grandparents, aunts, uncles). For grandparents, aunts and uncles check the side of the family.

☐ This information is unknown	Relative(s)	Side of Family Mother	Father	Describe
☐ Attention deficit/hyperactivity		☐	☐	
☐ Brain or neurologic disease		☐	☐	
☐ Developmental delay		☐	☐	
☐ Epilepsy or seizure		☐	☐	
☐ Genetic disorder		☐	☐	
☐ Learning disability		☐	☐	
☐ Mental retardation		☐	☐	
☐ Psychiatric disorder		☐	☐	
☐ Speech or language disorder		☐	☐	
☐ Other		☐	☐	

59 Which of the child's biological relatives write or perform many activities with their left-hand? ☐ No one

☐ Mother ☐ Father ☐ Brother or sister ☐ Grandmother(s) ☐ Grandfather(s)

60 Languages spoken in the home: a) _____ b) _____

61 How is the child disciplined? a) _____ b) _____

62 Check all of the child's usual recreational activities and hobbies.

☐ Reading	☐ Watching TV	☐ Sports	☐ Video games	☐ Collecting things	☐ Computer
☐ Art	Music: ☐ listening	☐ playing	☐ Writing	Playing: ☐ alone	☐ with others
☐ Other:					

63 Major family stresses or changes in the past year have been: ☐ None

☐ Marital problem or conflict	☐ Divorce	☐ Family relocation
☐ Change of school for this child	☐ Legal problem	☐ Parent job problem or job change
☐ Significant illness or accident of family member:		
☐ Other:		

How much stress have these changes caused the child: ☐ None ☐ Mild ☐ Moderate ☐ Severe

SCHOOL

64 Present school:	Name		
Street			
City		State	Zip
Telephone:	Principal		

	Explain
65 ☐ Child repeated a grade	
66 ☐ Child skipped a grade	
67 Child has been in the following classes: ☐ Resource room ☐ Emotional/behavior problems ☐ LD class (full time) ☐ Advanced instruction ☐ LD class (part time) ☐ Other:	
68 ☐ The child is in a special class or program now	

69 Child likes school: ☐ All or most of the time ☐ Sometimes ☐ Almost never

70 In school, the child:

☐ Gets along well with the other children and has friends OR ☐ Does not get along with the other children

☐ Gets along well with the teacher OR ☐ Does not get along with the teacher

71 Describe any teacher concerns about the child's schoolwork or behavior: _____

_____

_____

72 The child's current grades are (choose the appropriate system):				☐ Ungraded class
☐ A & B	☐ B & C	☐ C & D	☐ D & F	
☐ Outstanding	☐ Good	☐ Satisfactory	☐ Improvement needed	☐ Unsatisfactory
☐ 90's	☐ 80's	☐ 70's	☐ 60's	☐ Below 60
Compared to previous years these grades have:	☐ stayed the same	☐ improved	☐ declined	
The child's best subject(s):				
The child's hardest subject(s):				

73 School activities the child is involved in: _____

74 In the past year, how much school has the child missed due to illness or injury?

☐ Less than 2 weeks ☐ 2 weeks to 4 weeks ☐ 5 weeks to 8 weeks ☐ More than 8 weeks

Explain: _____

75 Fill-in ■ the box(es) (seat) where the child sits in class(es) in relation to the teacher. Note the classes if more than one.

Teacher

☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐

Teacher

☐ ☐
☐ ☐
☐ ☐
☐

Teacher

other arrangement (draw)

Hours spent in school per day:	Class size(s):	☐ Seating changes often

PREVIOUS EVALUATIONS

76 Check the tests or evaluations that have been done in relation to the problem.

☐ No tests have been done	Date	Test done more than once	Results
☐ Blood work	/ /	☐	
☐ CT scan	/ /	☐	
☐ EEG	/ /	☐	
☐ Genetic testing	/ /	☐	
☐ Hearing testing	/ /	☐	
☐ MRI or PET	/ /	☐	
☐ Neurologist's exam	/ /	☐	
☐ Occupational therapy evaluation	/ /	☐	
☐ Physical therapy evaluation	/ /	☐	
☐ Psychiatric evaluation	/ /	☐	
☐ Psychological or neuropsychological testing	/ /	☐	
☐ School testing	/ /	☐	
☐ Speech/language testing	/ /	☐	
☐ Vision testing	/ /	☐	
☐ Other	/ /	☐	

77 When was the child's last check-up from a pediatrician? _____

Findings: _____

78 What is the name of the physician, psychologist, social worker, school authority, or other professional we may contact who is familiar with the child's problems?

Name # 1	**Name # 2**
Street	Street
City, ST, Zip	City, ST, Zip
Telephone	Telephone
Profession	Profession

COMMENTS

79 Please add any helpful comments, information or concerns that have not been covered above.

_____

_____

_____

Thank you for taking the time to carefully complete this questionnaire.