MONONGALIA COUNTY SCHOOLS

PARENT INFORMATION FORM FOR SPECIAL EDUCATION

STUDENT'S NAME		SCHO	OOL	GRADE	E BIR	THDATE	
ADDRESS			_PHONE	TE	EACHER_		
The following information	is requested to	o provide a cor	nprehensive eva	luation of your	child and to	assist in deve	eloping
appropriate education servi		*	*	•			1 0
Special Education Departm							muct the
DEVELOPMENTAL H	HISTORY						
Were there any pro		pregnancy (ble	eeding, high blo	od pressure, me	dication, dru	ug use, alcoho	ol, etc.)?
Were there any pro	hlame during	daliyary (braa	ah Casaraan sa	otion avaggina	labor jound	liaa ayygan	
 Were there any pro- deprivation, forcep 							
 Were there any sig 	mificant proble	ems during infa	ancy (eating, sle	eping, colic, de	velopmental	delay, etc.)?	
	·						
Please indicate with an ".	X" under the c	olumn that des	scribes the age r	ange for each D	evelopment	al Milestone:	
	0-6 mos.	7-12 mos.	13-18 mos.	19-24 mos.		3-4 yrs.	4-5 yrs.
Crawled							
Walked Alone							
Spoke First Words							
Toilet Trained							
 Family HISTORY Father's Name Please check if an Parents are: 	ny of the follo	owing are apr	olicable:				
This child mainly	lives with (c	check one or i	more): Mo arents	therF	ather _	Stepmot	
This child is:	Adopted, i	f YES, at wha	at age	Foster	child, if Y	ES, list:	
	r /	,	<i>v</i>	Case Manager			
				Custodial Pa	arent	Phone	<u></u>
• Please list brothe	rs and sisters	:					
Name/Age	Nan	ne/Age	Name	e/Age	<u></u>	me/Age	
• Are there any sig							n
school? If YES, p	oiease expiair	1					
MEDICAL HISTORY							
 Has your child ev 	ver been hosp	oitalized? If Y	ES, please des				
• Is your child on r	nedication? I	f VFS place	explain				
- 15 your clind on i	ncuication: 1	i i i i i i i i i i i i i i i i i i i	capiaiii				

Has your child had any pre disability, etc.)? If YES, ple Has your child received an services, or court system in What are personal strength What are personal weakness Please describe the problem Do you have any suggestion	y special servinvolvement)? In state your chirals sees that your chirals with which	ces or treatme f YES, please Id displays? child displays? you want help	nts outside of school (describe	(counseling	g, therapy, hu
Has your child had any pre disability, etc.)? If YES, ple Has your child received an services, or court system in ENT ASSESSMENT What are personal strength What are personal weakness Please describe the problem	y special servinvolvement)? In state your chirals sees that your chirals with which	ces or treatme f YES, please Id displays? child displays? you want help	nts outside of school (describe	(counseling	g, therapy, hu
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Has your child had any pre disability, etc.)? If YES, pl	ease describe a	and attach repo	orts		
Uncooperative Please comment on any bel					
Inattentive	_Temper Tantr	ums	Withdrawn		
responsibilities Please check if any of the f	Collowing beha	viors describe	vour child:		
Perform tasks for self in the ho dressing, feeding, bathing, t					
neighborhood					
Socialize with other children an Communicate with other children					
			Not as well as most	Average	Better than
In comparison to most other	er children wh	o are the same	e age as your child, ho	w well doe	es your child:
IAL/BEHAVIORAL					
	d to provide an	y medical dia	gnosis that has educat		ance.
AutismSpectrum Disorder Other			Mood/Anxiety Disorder (specify	<i>a</i>)	
ADHD			Loss of consciou	sness	
Diabetes			Head Injury		
			rmergies (speen	<i></i>	
Asthma			Kidney or Bladd Allergies (specif		
High Fevers Asthma			Heart Problems		
Asthma			Meningitis		