

*Parent or Guardian: Please complete both pages of this form as completely as possible. (2<sup>nd</sup> page may be on the back)*

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_

Current School: \_\_\_\_\_ Current Teacher's Name: \_\_\_\_\_ Today's Date \_\_\_\_\_

Current Home Address: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Mother's Work Number (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email\* \_\_\_\_\_

Father's Work Number (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email\* \_\_\_\_\_

*\*Email is optional-By providing an email address, you are giving BAPS permission to contact you electronically.*

**Who has custody of the child?** \_\_\_\_\_

**Adults living in the same home as this student:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Brothers in the home:**

**Relationship to student**

Name \_\_\_\_\_ Age \_\_\_\_\_ (circle one) Full Half Step Foster

Name \_\_\_\_\_ Age \_\_\_\_\_ (circle one) Full Half Step Foster

Name \_\_\_\_\_ Age \_\_\_\_\_ (circle one) Full Half Step Foster

**Sisters in the home:**

**Relationship to student**

Name \_\_\_\_\_ Age \_\_\_\_\_ (circle one) Full Half Step Foster

Name \_\_\_\_\_ Age \_\_\_\_\_ (circle one) Full Half Step Foster

Name \_\_\_\_\_ Age \_\_\_\_\_ (circle one) Full Half Step Foster

**List any other children living in the home:** \_\_\_\_\_

Primary language spoken in home: \_\_\_\_\_ Other languages used in home: \_\_\_\_\_

Has your child repeated any grade? YES//NO If YES, what grade(s)? \_\_\_\_\_

List all previously attended schools:

School Name	City and State	Grade(s) attended

List any medical/psychological diagnoses your child has : \_\_\_\_\_

**List all medications** your child currently takes on a regular basis and the reason/condition for medication:

Medication 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Amount/how often \_\_\_\_\_

Reason \_\_\_\_\_

Explain any behaviors/conditions your child currently has. (For example, eating issues, frequent ear infections, speech problems, serious weight loss/gain, anxiety, bed wetting, etc.) \_\_\_\_\_

\_\_\_\_\_

Explain any chronic illnesses, accidents or medical treatment your child has. (For example, asthma, seizures, hearing loss, arthritis, head injury, exposure to toxins, etc.) \_\_\_\_\_

\_\_\_\_\_

How many hours per night does your child sleep on average? \_\_\_\_\_

Do you have any concerns about your child's sleep habits? \_\_\_\_\_

What are your main concerns as parent(s) academically and behaviorally? \_\_\_\_\_

\_\_\_\_\_

\_\_\_ Check here if you have limited knowledge of developmental history due to adoption or because you are a guardian. Please complete any areas about which you have knowledge. \_\_\_\_\_

Date of Adoption (if applicable): \_\_\_\_\_

**Developmental History:** Birth Weight \_\_\_\_\_ Was the pregnancy and delivery normal? YES/NO  
If NO, Explain \_\_\_\_\_

Did your child have trouble breathing/need oxygen after birth? YES/NO If YES, explain \_\_\_\_\_

In general, did your pediatrician consider your child's development (sitting alone, walking, dressing self, etc)?  
AVERAGE or DELAYED? (Circle one)

List any developmental and early childhood delays/issues, if any: \_\_\_\_\_

\_\_\_\_\_

At what age was your child completely potty trained? \_\_\_\_\_

At what age did your child speak his/her first words? \_\_\_\_\_ Speak in sentences? \_\_\_\_\_

Is there family history of the following? Please include relationship of family member(s) for checked items.

\_\_\_ Learning Problems: \_\_\_\_\_

\_\_\_ Attention Problems: \_\_\_\_\_

\_\_\_ Health Problems: \_\_\_\_\_

\_\_\_ Psychological Problems: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

This information provided by: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE BE SURE YOU HAVE COMPLETED BOTH PAGES OF THIS TWO PAGE FORM**