

WARE COUNTY SCHOOL SYSTEM
Response-to-Intervention & Student Support Team
Student Background Information Form
(To be completed by Parent or Legal Guardian)

Dear Parent: We would appreciate your help in completing this information regarding your child and returning it to the school. This information will be kept confidential, and we think it will help us work more effectively with your child.

Child's Name: _____ Date of Birth: _____
Address: _____
Name of parent/guardian with whom child lives: _____
Phone #: _____ Email address: _____

Please identify any agencies or specialists that have worked with your child or with the family with a checkmark:

Mental Health Clinic _____ Family Physician _____ Social Worker _____ Other _____

If any of the above are checked, please share the following information:

NAME	TITLE	ADDRESS	DATE SEEN
_____	_____	_____	_____
_____	_____	_____	_____

FAMILY INFORMATION

Mother's Name: _____ Age: _____ Education: (optional) _____
Place of Work _____ Work Phone Number: _____
Father's Name: _____ Age: _____ Education: (optional) _____
Place of Work _____ Work Phone Number: _____
Step-Parent's Name: _____ Age: _____ Education: (optional) _____
Place of Work _____ Work Phone Number: _____

Marital Status of Parents: _____
If parents are separated or divorced, how old was child when the separation occurred? _____

List all people living in household:

Name	Relationship to Child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any serious problems your child has had at home, or anything that your child might have experienced at home that could affect your child's performance at school: _____

If the child is living with someone other than the natural parents, please explain and indicate the length of time the child has lived with the current guardians: _____

SCHOOL HISTORY

Did your child attend preschool? _____ If so, name of Pre-K program: _____

List other Schools Attended with corresponding grades and/or dates:

Describe any serious problems related to academics or to behavior your child has had at school:

BIRTH & DEVELOPMENTAL HISTORY

Full Term: Yes ___ No ___ Birth weight: _____ Gestational age: _____

Delivery: Normal ___ Breech ___ Cesarean ___ Complications: _____

Was there any evidence of injury at birth? Yes ___ No ___ Explain: _____

List any illnesses or problems occurring during pregnancy and/or during birth not covered in the items above:

Was your child delayed in learning to walk, talk, or any other milestone? No ___ Yes ___

If yes, please explain _____

HEALTH HISTOTRY

Primary Physician: _____ Is your child taking any prescription medication? No ___ Yes ___

If yes, list the name(s) of the medications along with dosage and frequency of administration.

Please check if your child has current problems or a history of problems in the following areas:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Serious illnesses or injuries | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Hospitalizations | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Head injuries | <input type="checkbox"/> Diseases |
| <input type="checkbox"/> Vision problems | |
| <input type="checkbox"/> Hearing problems | |

Explain any checked items: _____

My child's general condition is:

- | | | |
|--|---|-----------------|
| ___ Seems to be in good health | ___ Sleeps too much | ___ Overweight |
| ___ Tires easily, listless, lacks energy | ___ Sleeps too little | ___ Underweight |
| ___ Overly active; always on the move | ___ Awkward in running, walking, or playing | |

BEHAVIORAL CHECKLIST

(Please check the behaviors that best describe your child)

- | | | |
|---------------------------------------|-----------------------------------|----------------------------|
| ___ Feels happy with him/herself | ___ Sucks his/her thumb | ___ Wets the bed |
| ___ Demands excessive attention | ___ Overly dependent on others | ___ Cries often |
| ___ Plays well with other students | ___ Overly anxious to please | ___ Poor self-control |
| ___ Exhibits uncooperative attitude | ___ Tries to control others | ___ Friendly |
| ___ Has very few close friends | ___ Relates well to adults | ___ Sad or depressed often |
| ___ Lacks motivation, lazy | ___ Aggressive | ___ Shy, withdrawn |
| ___ Does not adjust readily to change | ___ Fearful | ___ Daydreams often |
| ___ Acts younger than other children | ___ Openly affectionate to family | ___ Easily frustrated |
| ___ Jealous of siblings | ___ Can be trusted | ___ Restless |
| ___ Loud | | |

If you wish to add additional information, please attach it to this form. Thank you for your input.

Parent/Guardian's Signature

Date