

Family History

Family Member	Name	Learning Difficulty /Specify
Father		
Mother		
Sibling		
Sibling		
Sibling		
Children		
Children		
Children		
Other		

FH1. Are any languages other than English spoken in your home?

- No Yes - please list languages: _____
What is your primary language: _____

FH2. Have there been any recent changes in family life (e.g.: a birth, divorce, relocation)?

- No Yes – please specify:

Developmental/Medical History

DMH1. What is your overall physical health?

- usually in good health and physically fit
 generally in good health

DMH2. Select one of the following statements if applicable:

- I have a health condition that does *not* require medication?
Specify: _____
- I have a health condition that *requires* medication?
Specify: _____

DMH3. Do you have a previous diagnosis of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)?

No Yes – please specify age of diagnosis and treatment: _____

DMH4. Have you ever sustained a head injury? No Yes - If yes, please answer parts a, b, c, and d:

a. How serious was this injury?

- not serious
- slightly serious
- serious
- very serious

b. How long ago did the injury occur?

- within the past year
- 1-2 years ago
- 2-3 years ago
- 3-4 years ago
- more than 4 years ago

c. Were you unconscious?

- No
- Yes- for how long?

d. Did you have a neurological exam? Yes No If yes: When? _____

What were the results? _____

DMH5. Have you ever had a serious illness?

No Yes – please specify:

DMH6. Do you have seizures?

- No Yes - If yes, how frequent are the seizures?
- | | |
|---|--|
| <input type="checkbox"/> Less than once a month | <input type="checkbox"/> About once a week |
| <input type="checkbox"/> About once a month | <input type="checkbox"/> More than once a week |
| <input type="checkbox"/> More than once a month | |

DMH7. Have you had a recent vision test?

No Yes - specify month and year: _____

DMH8. Do you wear corrective lenses or contacts?

No Yes - for: nearsighted farsighted Astigmatism
 other: _____

Have you had corrective eye surgery? No Yes – If so, why?

DMH9. Have you had a recent hearing test?

No Yes – specify month and year of test: _____

Type of hearing test (Check only one):

Screening only Audiologist's evaluation Ear, nose, and throat physician's exam

DMH10. Do you wear hearing aids?

No Yes

DMH11. Have you been exposed to any repeated, potentially damaging noise levels?

No Yes – please specify: _____

DMH12. How much sleep do you typically get each night?

Less than 6 hours 6-7 hours 7-8 hours
 8-9 hours 9-10 hours more than 10 hours
 no typical amount of sleep

DMH13. How soundly do you sleep?

Sleep so soundly that I cannot be awakened easily
 Usually sleep soundly
 Usually awaken at least once during the night
 I am not able to sleep soundly

DMH14. Have you ever received services for Physical Therapy?

No Yes – please specify:

DMH15. Have you ever received services for Occupational Therapy?

No Yes – please specify:

Please list/explain any other information about your developmental or medical history.

Speech/Language History

SLH1. Have you ever received Speech/Language Therapy?

No Yes - If yes, please specify: Group Individual

➤ Type of therapy (check all that apply):

articulation language voice fluency

➤ Duration of services: _____

➤ Frequency of services: _____

SLH2. Do you/Did you ever have frequent ear infections (more than 4 within a 12 month period?)

I don't know No Yes - If yes, at what age(s)? (Check all that apply)

Early childhood Middle school/HS age

Elementary school age Adult

SLH3. Do you/Did you have tubes?

No

Yes – specify number of times and at what ages:

Academic History

Please provide a copy of any standardized testing you have taken, such as academic testing, college entrance exams, etc.

GRADE	NAME OF SCHOOL	LOCATION
Pre-K		
Kindergarten		
Grades 1-3		
Grades 4-6		
Grades 7-8		
Grades 9-12		
College		
Post graduate		

AH1. At what age did you start kindergarten? _____

AH2. What do you consider to be your strongest academic points/subjects?

AH3. In what academic areas do you feel you need help?

AH4. At what age did you first begin to notice that you needed help in the areas listed above?

AH5. Has anyone else expressed concern regarding your academic or work performance?

No Yes – Please elaborate:

AH6. How much time is spent studying daily?

30 minutes 1 hour 2 hours more than 2 hours

AH7. How much assistance do you require to complete academic or work-related assignments?

never slight often always

AH8. Do your grades or work evaluations reflect the amount of effort you put into your assignments?

No – please specify:

Yes – please specify:

AH9. If applicable, describe your grades:

AH10. Do you perform better on:

multiple choice tests fill in the blanks essay
 true/false matching

AH11. Have you ever repeated a grade?

No Yes – please specify the grade that was repeated:

AH12. Have you ever received diagnostic testing at school or work?

No

Yes - If yes, please attach results & explain outcomes and diagnosis:

AH13. Have you ever been tested privately?

No

Yes - If yes, please attach results & explain outcomes and diagnosis:

AH14. Have you ever received tutoring?

No

Yes - If yes, please indicate: through school privately

- Length of time you received tutoring: _____
- Number of students in tutoring group: _____
- Number of times per week: _____
- Time spent in each session: _____
- Subjects: _____
- Did you observe any improvement?
 - No – please comment: _____
 - Yes – please comment: _____

AH15. Do you receive accommodations in school or in the workplace?

No - If not, what accommodations do you think would be beneficial?

Yes – please specify

AH16. Have you ever received 504, ADA, or special educational services, such as resource room instruction, or an individualized education program? No Yes - If yes, please respond:

a. Describe the special education services you received:

b. At what age did you first receive these services? _____

c. How long did you receive these services? _____

d. Were services discontinued? No Yes –if yes, when? _____ why? _____

Behavioral History

BH1. Do you have difficulty compared to others of your age in the areas of personal independence and social responsibility? No Yes – if yes, please explain: _____

BH2. Have you ever had a psychological exam? No Yes – if yes, when? _____

BH3. What was/is your attitude toward school?

- Very enthusiastic
- Generally liked/like school
- Liked/like some things about school and dislikes other things
- Generally disliked/dislike school
- Disliked/dislike school so much that I avoided/avoid attending

BH4. How would you rate your level of effort toward schoolwork?

- Generally try /tried to succeed
- Try/Tried very hard to succeed
- Effort varies/varied

BH5. How would you rate your attention span?

- Unusually high degree of sustained attention
- Usually maintain attention
- Often have difficulty sustaining attention

BH6. How would you rate your listening ability?

- Always, or almost always listens when spoken to directly
- Usually listen when spoken to directly
- Often do not listen when spoken to directly

BH7. How would you rate your follow-through on homework or work assignments?

- Always, or almost always follows instructions and complete work
- Usually follow instructions and complete work
- Often do not follow instructions and fail to complete work

BH8. How would you rate your level of organization?

- Highly organized
- Usually organized
- Have difficulty organizing tasks and activities

BH9. How would you rate your response to tasks that are difficult for you?

- Increase level of effort
- Generally persistent
- Attempt but give up easily
- Avoid, dislike, or reluctant to engage in difficult tasks

BH10. Please describe your interests and hobbies:

Thank you for taking time to provide us with this essential information.

How did you hear about the SMU Diagnostic Center?

Please use this space to provide additional information that you would like to convey to the diagnostician:

For administrative assistance (to change an appointment time, etc.), please contact 214/SMU-READ (214/768-7323). If you have questions pertaining to testing procedure or the scope of this form, please contact the diagnostician with whom your child is scheduled for testing.

Helen Macik, Coordinator

(972) 473-3461 or hmacik@smu.edu

Amy Fulmer

(972) 473-3434 or afulmer@smu.edu

Karen Ercoline

(972) 473-3472 or karene@smu.edu