



**SMU**

ANNETTE CALDWELL SIMMONS  
SCHOOL OF EDUCATION  
& HUMAN DEVELOPMENT

Diagnostic Center for Dyslexia and Related Learning Disorders

PARENT/SOCIAL HISTORY

Today's Date: _____	Your Name: _____
Child's Name: _____	
Date of Birth: _____	Grade: _____
Child's School: _____	District: _____

Father's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

Unit/Apt.#

City/State/Zip

Phone Numbers: Home-\_\_\_\_\_ Mobile-\_\_\_\_\_ Business-\_\_\_\_\_

Fax-\_\_\_\_\_ e-mail:\_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street

Unit/Apt.#

City/State/Zip

Phone Numbers: Home-\_\_\_\_\_ Mobile-\_\_\_\_\_ Business-\_\_\_\_\_

Fax-\_\_\_\_\_ e-mail:\_\_\_\_\_ Occupation: \_\_\_\_\_

Please use this space to describe/explain the purpose of this evaluation.

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What do you consider to be your child's strongest points?

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In what areas do you feel your child needs help?

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What are your child's interests and hobbies?

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## Family History

*Please list all immediate family members and any others living in the home*

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

FH1. With whom does your child live?

- |  |  |
|--|--|
| <input type="checkbox"/> Both parents in same home | <input type="checkbox"/> Both parents-two separate homes |
| <input type="checkbox"/> Mother                    | <input type="checkbox"/> Father                          |
| <input type="checkbox"/> Mother and stepfather     | <input type="checkbox"/> Father and stepmother           |
| <input type="checkbox"/> Foster parents            | <input type="checkbox"/> Other – please specify: _____   |

FH2. If parents are divorced, who has educational custody rights?

- |  |                                 |                                 |
|--|---------------------------------|---------------------------------|
| <input type="checkbox"/> Both mother and father        | <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Other – please specify: _____ |                                 |                                 |

FH3. Is your child adopted?

- |                             |   |   |
|-----------------------------|---|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes - at what age: _____ | -is child aware of adoption? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|-----------------------------|---|---|

FH4. Have there been any recent changes in family life (e.g.: a birth, divorce, relocation)?

- |                             |  |
|-----------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes – please specify: |
|-----------------------------|--|
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FH5. Describe your child's relationship with family members:

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Developmental/Medical History

DMH1. What is your child's overall physical health?

- usually in good health and physically fit
- generally in good health
- has a health condition that does *not* require medication : \_\_\_\_\_
- has a health condition that *requires* medication: \_\_\_\_\_

DMH2. Does your child take any medications on a regular basis?

- No
  - Yes – please specify medication and purpose: \_\_\_\_\_
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DMH3. Has your child ever been diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD)?

- No
- Yes – If yes, when \_\_\_\_\_

What Type:  ADHD, Predominately Inattentive Type       ADHD, Combined Type  
 ADHD, Predominately Hyperactive - Impulsive Type

Type of Treatment:  Behavior Modification       Medication  
 Supplements/diet       Combination of Above       Other

DMH4. Has your child ever sustained a head injury?

- No
- Yes - If yes, please answer parts a, b, and c:

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. Was the child unconscious?

- No
- Yes- for how long?  
\_\_\_\_\_

DMH5. Has your child ever had a serious illness?

- No
- Yes – please specify:  
\_\_\_\_\_  
\_\_\_\_\_

DMH6. Does your child have seizures?

- No       Yes - If yes, how frequent are the seizures?
- Less than once a month       About once a week
- About once a month       More than once a week
- More than once a month

DMH7. Has your child had a recent vision test?

- No       Yes - specify month and year: \_\_\_\_\_

DMH8. Does your child wear corrective lenses or contacts?

- No       Yes - for:  nearsighted       farsighted
- Astigmatism       other: \_\_\_\_\_

DMH9. Did your child 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)
- < 1       1       2
- 3       4       5

DMH10. Did your child have tubes?

- No       Yes – specify number of times and at what ages:
- 
- 

DMH11. Has your child 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

DMH12. Does your child wear hearing aids?

- No       Yes

DMH13. Has your child been exposed to any repeated, potentially damaging noise levels?

- No       Yes – please specify: \_\_\_\_\_

DMH14. Has your child ever received services for Physical Therapy?

No       Yes – please specify:

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DMH15. Has your child ever received services for Occupational Therapy?

No       Yes – please specify:

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DMH16. How much sleep does your child 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

DMH17. How soundly does your child sleep?

Sleeps so soundly that he or she cannot be awakened easily  
 Usually sleeps soundly (typical for age)  
 Usually awakens at least once during the night  
 Doesn't seem to be able to sleep soundly

DMH18. Has your child shown any recent changes in appetite?

No       Yes – please specify:

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DMH19. Does your child frequently complain about not feeling well?

No       Yes – please specify:

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Infancy/Early Childhood History

ECH1. Which pertains to the birth of your child?

- |   |   |
|---|---|
| <input type="checkbox"/> Normal (no unusual problems)               | <input type="checkbox"/> Lengthy labor (more than 24 hours) |
| <input type="checkbox"/> Premature birth - weeks premature: _____   |   |
| <input type="checkbox"/> Complications at delivery –please specify: |   |
- 
- 

ECH2. What was your child's condition immediately after birth? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Healthy (normal)                   | <input type="checkbox"/> Critical-placed in intensive care |
| <input type="checkbox"/> Had difficulty starting to breathe | <input type="checkbox"/> Jaundice                          |
| <input type="checkbox"/> Had feeding problems               | <input type="checkbox"/> Seizures                          |
| <input type="checkbox"/> Drug-dependent                     |  |
| <input type="checkbox"/> Low birth weight – specify: _____  |  |
| <input type="checkbox"/> High birth weight – specify: _____ |  |
| <input type="checkbox"/> Other – please specify: _____      |  |

EC3. How would you rate your child's early motor skills development, such as sitting up, crawling, and learning to walk?

- |   |   |
|---|---|
| <input type="checkbox"/> Developed earlier than most other children | <input type="checkbox"/> Seemed to be typical |
| <input type="checkbox"/> Developed later than most other children   | <input type="checkbox"/> Does not apply       |

EC4. How would you rate your child's early fine motor skills, such as feeding themselves, holding a crayon, and stacking blocks?

- |   |   |
|---|---|
| <input type="checkbox"/> Developed earlier than most children | <input type="checkbox"/> Seemed to be typical |
| <input type="checkbox"/> Developed later than most children   | <input type="checkbox"/> Does not apply       |

EC5. How would you rate your child's early language development, such as first words, asking simple questions, and talking in sentences?

- |   |   |
|---|---|
| <input type="checkbox"/> Developed earlier than most children | <input type="checkbox"/> Seemed to be typical |
| <input type="checkbox"/> Developed later than most children   | <input type="checkbox"/> Does not apply       |

Speech/Language History

SLH1. Are any languages other than English spoken in your home?

No       Yes - please list languages: \_\_\_\_\_

Child's primary language: \_\_\_\_\_

If child's primary language is not English has child received:  ESL Services     Bilingual Services

How long did child receive services: \_\_\_\_\_

SLH2. Has your child ever received Speech/Language Therapy?

No       Yes - If yes, please specify:

Frequency of services: times per week: \_\_\_\_\_ Length of Session: \_\_\_\_\_

Type of therapy (check all that apply):

<input type="checkbox"/> Group	<input type="checkbox"/> Individual	<input type="checkbox"/> Articulation
<input type="checkbox"/> Voice	<input type="checkbox"/> Fluency	<input type="checkbox"/> Language
<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Both

Age when services began: \_\_\_\_\_ Age when services ended: \_\_\_\_\_

Reason for Termination of services: \_\_\_\_\_

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Academic History

Grade	Name of School	Location
Pre-K		
Kindergarten		
Grades 1-3		
Grades 4-6		
Grades 7-8		
Grades 9-12		

AH1. What do you consider to be your child's strongest academic points?

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AH2. In what academic areas do you feel your child needs help?

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AH3. At what age did you first begin to notice that your child needed help in the areas listed above?

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AH4. Has anyone else expressed concern regarding your child's academic performance?

No       Yes – Please elaborate:

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AH5. Has your child ever repeated a grade?

No       Yes – please specify the grade that was or is being repeated:

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AH6. Describe your child's grades (or attach copies of grade reports):

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AH7. Are your child's grades better on:

tests       daily work       homework

AH8. Does your child perform better on:

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

AH9. How much time is spent doing homework nightly?

30 minutes       1 hour       2 hours       more than 2 hours

AH10. How much assistance does your child require from you to complete homework and schoolwork?

never       slight       often       always

AH11. Do your child's grades reflect the amount of effort he/she puts into schoolwork/homework?

No – please specify:

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Yes – please specify:

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AH12. Has your child ever received tutoring?

No       Yes - If yes, please indicate:       through school       privately

➤ Length of time child received tutoring: \_\_\_\_\_

➤ Number of students in tutoring group: \_\_\_\_\_

➤ Number of times per week: \_\_\_\_\_

➤ Time spent in each session: \_\_\_\_\_

➤ Subjects: \_\_\_\_\_

➤ Have you observed any improvement?

No – please comment: \_\_\_\_\_

Yes – please comment: \_\_\_\_\_

AH13. Has your child has taken the TAKS tests?  No  Yes - If yes, what were the results?

Performance in following subjects:

<i>Subject</i>	<i>Met Standard</i>	<i>Commended Performance</i>	<i>Did Not Meet Standard</i>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please provide a copy of TAKS scores and results of benchmarking (i.e. DIBELS, TPRI), achievement tests, etc. if relevant.*

AH14. Does your child receive accommodations in school?

No - If not, what accommodations do you think would benefit your child?

Yes – please specify

AH15. Has your child ever been tested privately?

No  Yes - If yes, please attach results & explain outcomes and diagnosis:

AH16. Has your child ever received testing at school?

No  Yes - If yes, please attach results & explain outcomes and diagnosis:

AH17. Has your child ever received special educational services, such as resource room instruction, or an individualized education program?  No  Yes - If yes, please respond:

a. Please check your child's area(s) of Disability

- Speech Impairment
- Learning Disability
- Basic Reading Skills       Reading Comprehension       Math Computation
- Math Reasoning       Written Expression       Oral Expression
- Listening Comprehension
- Orthopedic Impairment
- Mental Retardation
- Other Health Impaired
- Emotional Disturbance
- Traumatic Brain Injury
- Auditory Impairment
- Visual Impairment
- Deaf/ Blind
- Autism

b. Describe the special education services your child receives/received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Age when services began: \_\_\_\_\_ Age when services ended: \_\_\_\_\_

d. Reason for termination of services: \_\_\_\_\_  
\_\_\_\_\_

e. Do you have a copy of your child's IEP? Yes  No  If yes, please attach a copy.

Response to Intervention

*NOTE: If you are unsure about the following information, please contact your child's school or teacher for assistance in completing this information.*

RI1. Which best describes your child's reading instruction:

- Phonics based       Whole language based       Combination

RI2. Please describe any academic language therapy your child has received and results of work:

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Amount of time \_\_\_\_\_

RI3. *(Public school students)* Has your child ever been referred to an intervention team meeting?

- No       Yes - If yes, what were the concerns?

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What was the outcome of the meeting?

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RI4. Is your child receiving reading instruction within Tier 1, 2, 3, or 4?

- No       Yes -If yes, how many times per week?  
 1     2     3-4 times     Daily     I don't know

RI5. What type of instruction does he or she receive?

- Large group     Small group     One to one

**RI6. If your child is receiving reading within Tier 2, 3, or 4, what type of reading program is used for your child's additional reading intervention instruction?**

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**RI7. If your child is receiving reading instruction within Tier 2, 3, or 4, who is providing the additional reading intervention instruction?**

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**\*If your child is receiving reading instruction within Tier2, 3, or 4, please provide a copy of the most recent progress monitoring aim line.**

## Behavioral History

**BH1. How would you rate your child's social development, such as the ability to play with others, development of friendships, and relationships with adults?**

- Seems to develop social skills more easily (or sooner) than most other children
- Seems to be typical
- Seems to have more difficulty developing social skills than most other children

**BH2. How difficult is it to manage his or her behavior?**

- Very easy to manage
- Somewhat difficult to manage
- Seems to be typical
- Very difficult to manage

**BH3. Choose the words that best describe your child's current temperament (personality):**

<input type="checkbox"/> Accommodating	<input type="checkbox"/> Emotional	<input type="checkbox"/> Obedient
<input type="checkbox"/> Active	<input type="checkbox"/> Happy	<input type="checkbox"/> Outgoing
<input type="checkbox"/> Affectionate	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Reserved
<input type="checkbox"/> Argumentative	<input type="checkbox"/> Impatient	<input type="checkbox"/> Shy
<input type="checkbox"/> Calm	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Sociable
<input type="checkbox"/> Caring	<input type="checkbox"/> Independent	<input type="checkbox"/> Stubborn
<input type="checkbox"/> Conscientious	<input type="checkbox"/> Intelligent	<input type="checkbox"/> Trusting
<input type="checkbox"/> Demanding	<input type="checkbox"/> Insecure	<input type="checkbox"/> Unhappy
<input type="checkbox"/> Determined	<input type="checkbox"/> Irritable	
<input type="checkbox"/> Difficult	<input type="checkbox"/> Motivated	

**BH4. What is your child's attitude toward school?**

- Very enthusiastic
- Generally likes school
- Likes some things about school and dislikes other things
- Generally dislikes school
- Dislikes school so much that he or she doesn't like to go

**BH5. How would you rate his or her level of effort toward schoolwork?**

- Tries very hard to succeed
- Effort varies
- Generally tries to succeed
- Seems like he or she doesn't try to succeed

**BH6. When helping at home, how attentive is he or she to details?**

- Extremely attentive to details
- Usually attends to details and concentrates when working
- Often fails to pay close attention to details or makes careless mistakes

**BH7. How would you rate his or her attention span?**

- Unusually high degree of sustained attention in tasks or play activities
- Usually maintains attention in tasks or play activities
- Often has difficulty sustaining attention in tasks or play activities

**BH8. How would you rate his or her listening ability?**

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

**BH9. How would you rate his or her follow-through on homework?**

- Always, or almost always follows instructions and finishes homework
- Usually follows instructions and finishes homework
- Often does not follow instructions and fails to finish homework

**BH10. How would you rate his or her level of organization?**

- Is highly organized
- Usually organizes tasks and activities
- Often has difficulty organizing tasks and activities

**BH11. How would you rate his or her response to tasks that are difficult for him or her?**

- Noticeably increases level of effort
- Generally persists
- Attempts but gives up easily
- Often avoids, dislikes, or is reluctant to engage in difficult tasks

**BH12. How well does he or she maintain personal belongings?**

- Always, or almost always, keeps personal belongings in order
- Usually keeps personal belongings in order
- Often loses personal belongings

**BH13. How often does your child remember to do assigned chores at home?**

- Always, or almost always, remembers chores he or she is supposed to do
- Usually remembers chores he or she is supposed to do
- Often forgets chores he or she is supposed to do

**BH14. What is his or her typical activity level in social situations outside of the home?**

- Seems sluggish or lacks energy
- Activity level is similar to others of same age and gender
- Often runs about or climbs excessively in situations in which it is not appropriate

**BH15. Can he or she play quietly when required?**

- Yes, can play quietly when required
- Often has difficulty playing quietly

**BH16. What is his or her level of motor activity?**

- Awkward, seemingly clumsy
- Slow
- Seems similar to others of same age and gender
- Is often "on the go"

**BH17. How good is he or she at taking turns?**

- Typically withdraws from activities that involve taking turns
- Takes turns appropriately for age
- Often has difficulty waiting for a turn

**BH18. How well does he or she interact with peers?**

- Typically avoids interacting with peers
- Social interaction skills are typical for age
- Often interrupts or intrudes on others (butts into conversations or games)

