

**Data Provided by Parent for Possible or Already Determined
Initial Educational Evaluations and Reevaluations**

Student Name: _____ Age: _____

1. Please identify any specific problems and concerns that relate to your child's educational performance: _____

2. How do you feel this problem affects your child's academic performance or progress? _____

3. How long do you feel your child has been experiencing the above problem(s)? _____

4. Please describe how you feel your child performs in each of the following areas:

a. Reading: _____

b. Written Expression: _____

c. Math: _____

d. Homework completion: _____

e. Studying: _____

f. Organization: _____

g. Following instructions: _____

5. Please describe your child's communication skills: _____

6. Please describe your child's self-help skills: _____

7. Please describe your child's motor skills and/or if he/she has any sensory issues: _____

8. Please describe your child's interactions with others/social skills: _____

9. Please list any behavior concerns/problems or attention problems your child might have: _____

10. Please list any medical, mental health, or social services personnel who have evaluated and/or provided services to your child, such as physicians, therapists, counselors, or case workers. Also provide a brief description as to why your child was seen by these professionals: _____

11. Please list any additional information you feel may be relevant to this evaluation: _____

This form was completed by: _____

Date: _____