

**Austin Independent School District  
Special Education/Section 504  
Parent Information Form**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_ Grade: \_\_\_\_\_

Campus: \_\_\_\_\_ Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**General Information**

Mother's Name:

Father's Name:

Occupation:

Occupation:

Level of Education:

Level of Education:

Others living in the home:

Name:

Age:

Relationship to Student:

Name:

Age:

Relationship to Student:

Name:

Age:

Relationship to Student:

Name:

Age:

Relationship to Student:

If parents are separated, how much time does the student live with each parent?

What are your child's strengths?

History of learning or behavior difficulties in the mother's or father's family? If yes, please explain:

Please describe any significant events or traumatic events that might have impacted your child:

How would you describe your child's behavior and emotions at home?

Please rate how often your child has difficulties in the following areas:

- |                                 |                                      |                                    |                                     |
|---------------------------------|--------------------------------------|------------------------------------|-------------------------------------|
| • Attention span                | <input type="checkbox"/> often       | <input type="checkbox"/> sometimes | <input type="checkbox"/> rarely     |
| • Organization                  | <input type="checkbox"/> often       | <input type="checkbox"/> sometimes | <input type="checkbox"/> rarely     |
| • Getting along with others     | <input type="checkbox"/> often       | <input type="checkbox"/> sometimes | <input type="checkbox"/> rarely     |
| • Finish homework independently | <input type="checkbox"/> often       | <input type="checkbox"/> sometimes | <input type="checkbox"/> rarely     |
| • Activity level                | <input type="checkbox"/> underactive | <input type="checkbox"/> typical   | <input type="checkbox"/> overactive |

**The Student at School**

yes  no Has your child talked to you about difficulties or problems at school?  
If yes, please explain:

yes  no Has your child talked to you about things that are going well at school?  
If yes, please explain:

yes  no Do you think your child has difficulty at school? If yes, please explain your concerns:

When did you first notice the difficulties?

Have you discussed your concerns with school personnel? With whom? When?

yes  no Has your child received any special services in school? If yes, please describe:

**Developmental and Health History**

Were there problems before, during, or immediately after birth?

At what age did your child begin crawling? \_\_\_\_\_ walking? \_\_\_\_\_

Has your child ever experienced or been diagnosed with...? (Please circle any that apply)

- |                   |                           |                       |            |
|-------------------|---------------------------|-----------------------|------------|
| ADHD              | Allergies                 | Anxiety               | Asthma     |
| Autism            | Concussion/Head Injury    | Depression            | Diabetes   |
| Epilepsy/Seizures | High Fever                | Learning Disabilities | Meningitis |
| Hospitalization   | Premature birth/NICU stay | Developmental Delay   | Surgery    |

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

If you circled any of the above, please provide us with details, such as dates, diagnoses, outcomes:

Please list all medications currently taken by your child (both over-the-counter and prescription):

Tell us about your child's eating and sleeping habits:

**Language**

Please rate your child in the following areas:

	Follows 2-step directions	Speaks in complete sentences	Uses age-appropriate vocabulary	Asks for help when needed	Initiates conversations	Maintains conversations	Tells personal stories that can be understood	Understands age appropriate humor	Is understood by non-familiar listeners
<b>Rarely</b>									
<b>Usually</b>									

At what age did your child begin saying words? \_\_\_\_\_ talking?(2-3 word sentences) \_\_\_\_\_

yes  no Does your child seem to have difficulty understanding what is said to him or her?  
If yes, please describe:

yes  no Does your child have difficulty communicating his or her wants and needs?  
If yes, please describe:

Please complete the following if languages other than English are spoken at home:

List all languages spoken in the home:

Language spoken between the parents:

Language spoken by primary caregiver (if not parent):

Language child speaks when spoken to in English:

Language child speaks when spoken to in the home language:

Language child speaks when with other children: