



Update Information			
Child's Full Legal Name Last Name		First Name	Middle
		Date of Last Evaluation	
Father's Occupation:		Work Ph. ()	- ext.
		Cell Ph. ()	-
Mother's Occupation:		Work Ph. ()	- ext.
		Cell Ph. ()	-
Members of Household	Relationship to Student	Age	Sex
			<input type="checkbox"/> M <input type="checkbox"/> F
			<input type="checkbox"/> M <input type="checkbox"/> F
			<input type="checkbox"/> M <input type="checkbox"/> F
			<input type="checkbox"/> M <input type="checkbox"/> F
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Have there been any changes in your family constellation since last evaluation? (i.e. – birth of child, divorce, death, traumatic incidents, etc.) Please explain:			
Have there been any significant changes/diagnosis in your child's health since last evaluation? (Please list any hospitalizations since last evaluation)			
Has your child been seen by a psychologist/neurologist since the last evaluation and given any medical diagnosis? (Attention Deficit Disorder, Pervasive Developmental Disorder, Cerebral Palsy, etc.)			

Is your child currently taking any medications? Yes No If Yes, list the name & purpose of the medication(s), dosage, & times taken below?

Have there been any significant changes in your child's behavioral or emotional status since the previous evaluation?
Please describe:

Does your child exhibit any of the following behavioral characteristics? Please check all that apply.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> High Activity Level | <input type="checkbox"/> Short Attention Span | <input type="checkbox"/> Poor Self-Control | <input type="checkbox"/> Low Frustration Level |
| <input type="checkbox"/> Temper Tantrums | <input type="checkbox"/> Interrupts Frequently | <input type="checkbox"/> Doesn't Listen When Spoken to | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Doesn't Learn From Experience | <input type="checkbox"/> Sudden Outburst of Physical Abuse to other Children | | |

Do you feel your child has made progress in their special education class?
Please explain:

What future educational goals do you have for your child?

Do you have any suggestions for future programming needs for your child?

Parent Signature: _____ Date: _____