

# Parent Information Form – CPS/RtI Team

## General Information

Child's Name: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Relationship: \_\_\_\_\_

If both parents work, who cares for the child while working? \_\_\_\_\_

## Health History

Is your child under the care of a physician for a medical problem?  Yes  No

(If yes, please describe): \_\_\_\_\_

Has your child had any problems with *hearing*? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child had any problems with *vision*? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe treatment for hearing or vision problems:

\_\_\_\_\_

Is your child taking any medication(s)?  Yes  No

(If yes, please list and report the reason for taking medication): \_\_\_\_\_

Are there any significant factors related to your child's birth?  Yes  No

(If yes, please identify): \_\_\_\_\_

Did your child show any significant developmental delays in the past?  Yes  No

(If yes, check all that apply)  Speech  Motor  Social  Physical

Explain: \_\_\_\_\_

Does your child require special accommodations?  Yes  No

(If yes, check all that apply)  Diet  Building accessibility  Physical  Other

Explain: \_\_\_\_\_

Does your child receive services outside the school setting?  Yes  No

(If yes, check all that apply)  Speech  Physical Therapy  Counseling  Other

Explain: \_\_\_\_\_

## School History

Describe your child's grades up to now (low, average, superior): \_\_\_\_\_

\_\_\_\_\_

Has your child received tutoring or been in any special programs to help with schoolwork? If so, explain: \_\_\_\_\_

Describe your child's typical homework experience (i.e., How much time does your child spend on homework on a typical evening? How often does your child request assistance? Describe their study environment): \_\_\_\_\_

**Family and Home Information**

Have any important changes occurred within the family during the last two years?  
(Check all that apply) \_\_ Moves \_\_ Births \_\_ Deaths \_\_ Illnesses \_\_ Separations \_\_ Divorce \_\_ Job Changes

Do any family members have learning difficulties? \_\_ Yes \_\_ No  
If yes, please explain: \_\_\_\_\_

Are you experiencing any problems or difficulties with your child at home?: \_\_\_\_\_

What activities does your child participate in at home? (Check all that apply, and place an \* next to any category in which your child engages in more than one hour daily)

<input type="checkbox"/> Watches television	<input type="checkbox"/> Reads books	<input type="checkbox"/> Listens to music
<input type="checkbox"/> Plays electronic games	<input type="checkbox"/> Plays with others	<input type="checkbox"/> Spends time on computer
<input type="checkbox"/> Participates in sports	<input type="checkbox"/> Sleeps more than usual	<input type="checkbox"/> Prefers to be alone

Describe your child's strengths: \_\_\_\_\_

Subjects/areas of special skills or talent: \_\_\_\_\_

What behaviors are frequently displayed by your child at home? (Check all that apply)

<input type="checkbox"/> Is honest	<input type="checkbox"/> Gets along with siblings	<input type="checkbox"/> Withdraws
<input type="checkbox"/> Is helpful	<input type="checkbox"/> Follows adult requests	<input type="checkbox"/> Argues/Disobeys
<input type="checkbox"/> Is responsible	<input type="checkbox"/> Has mood swings/depression	<input type="checkbox"/> Conveys frustration
<input type="checkbox"/> Respects others	<input type="checkbox"/> Feels anxious	<input type="checkbox"/> Feels less capable/negative self talk

What methods of discipline are used at home? (Check all that apply)

<input type="checkbox"/> Rewards for good behavior	<input type="checkbox"/> Assigned responsibilities	<input type="checkbox"/> Time out
<input type="checkbox"/> Verbal praise	<input type="checkbox"/> Early bedtime	<input type="checkbox"/> Spanking
<input type="checkbox"/> Special privileges	<input type="checkbox"/> Removal of privileges	<input type="checkbox"/> Extra chores

How does your child respond to discipline at home? (Check all that apply)

<input type="checkbox"/> Becomes obedient	<input type="checkbox"/> Throws tantrums	<input type="checkbox"/> Refuses to obey
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<input type="checkbox"/> Withdraws	<input type="checkbox"/> Cries	<input type="checkbox"/> Throws or breaks things
<input type="checkbox"/> Blames others	<input type="checkbox"/> Hits and/or kicks	<input type="checkbox"/> Other _____

Are there any concerns the school needs to be aware of? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What suggestions could you give the school to help your child? \_\_\_\_\_  
 \_\_\_\_\_

Describe your child's typical day before and after school: \_\_\_\_\_  
 \_\_\_\_\_

Describe your child's friendships: \_\_\_\_\_  
 \_\_\_\_\_

Please share any rewards or consequences you have found effective at home: \_\_\_\_\_  
 \_\_\_\_\_

Please share any other information that you think may be helpful for us to better understand your child: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Person Completing Form

\_\_\_\_\_  
 Date