SCHOOL AGE HISTORY

Name: _____
(Print)

Name: _____
(Cursive – age appropriate)

Have child/student write home address and phone number in this space;

Present grade in school (Have child/student write the number): _____

Parent and child/student may respond to the following questions:

History of previous years (Include performance grades and tasks, areas of strength/weaknesses, social): _____

_____

_____

How is your child performing presently in school: _____

_____

Is your child struggling in any of the following areas (Circle all that apply)

Science	Technology	Engineering	Math	Writing
Language	Physical Education	Reading	Social/Peers	Team Sports
Communication		Homework completion		Grades
Submitting Homework		Interest		

What have you learn at the parent teacher conferences? _____

_____

_____

Does your child/student make friends easily? _____

Is your child/student participating in organized sports or activities (describe):

_____

_____

Identify any illnesses that are chronic health issues (Circle All that Apply:

Rashes Bed Wetting Occulomotor Weaknesses Cravings
Fevers Motion Sickness Food Sensitivities Respiratory problems
Allergies Asthma Anxiousness Ear Infections Eczema
Gastro-Intestinal Diarrhea Constipation

Discuss how circled items were managed (include treatment and frequency):

_____

_____

_____

_____

Sleeping habits (include how many hours and quality): _____

_____

Has your child received vaccines Yes or No
List vaccines received: _____

_____

Has your child received the H1N1 vaccine? Yes or No
If yes, has your child received the H1N1 vaccine by injection or nasal spray (circle). Date Administered _____