



The Winston School
Testing and Evaluation Center
Confidential Parent Information

Thank you for taking the time to complete the information below. The information you provide will help our diagnosticians gain a better understanding of your child or young adult. Your information also helps in answering questions about your student's learning, and what initially brought you to our evaluation center. Please know this information is confidential and will not be released without your written permission; unless there are exceptions to confidentiality. Should you need additional space for comments, you can attach additional pages to this packet.

DATE: _____ RESPONDENT: _____

STUDENT'S NAME: _____

DATE OF BIRTH: _____ FIRST MIDDLE LAST
AGE: _____ ADOPTED: _____

HANDEDNESS: RIGHT/LEFT GLASSES/CONTACTS: YES/NO

PARENTS

FATHER'S NAME: _____ Age: _____

Home address: _____
STREET CITY STATE ZIP

Home Phone: _____ Cell Phone: _____

Occupation: _____

Education Level (Highest degree completed): _____

Email: _____

MOTHER'S NAME: _____ Age: _____

Home address: _____
STREET CITY STATE ZIP

Home Phone: _____ Cell Phone: _____

Occupation: _____

Education Level (Highest degree completed): _____

Email: _____

If parents are divorced or widowed, with whom does the student live?

Do you have custodial rights to have your student evaluated? YES NO

Reason for referral to The Winston Testing and Evaluation Center (you may check more than one):

- Academic Concerns (please specify academic area: _____)
- Attention Concerns
- Accommodations for the school setting (including college & post secondary)
- School Placement
- Strategies for learning
- No concerns, just want to find out more about how my student learns
- Other (please specify): _____

HISTORY

Were there any complications during pregnancy, labor or delivery? If so, please explain:

Did developmental milestones appear to be on schedule (e.g., crawling, talking, walking)?

Did the student have difficulty with any of the following areas: developing sleep habits, appropriate behavior, toilet training, feeding and/or adapting to change of activity or routine? _____

Please list childhood diseases, health problems and/or allergies: _____

Any surgeries and/or hospitalizations? _____

Is the student taking medication? Yes/No

If yes, what medication? _____ When did the student begin the medication?

Dosage: _____ Prescribed by: _____

Last hearing and vision screening: _____ Results: _____

Any concerns with the student's hearing and vision? _____

Are languages other than English used in the home? If yes, please specify: _____

Do/Did relatives of the student have significant school and/or attention problems? If yes, please explain:

Have there been any important changes within the family during the last three years? (For example: job changes, moves, births, deaths, illnesses, separations, or divorce) _____

Other Members of the Family (siblings, step-siblings, half-siblings, or other relatives):

| Name | Relationship | Birth Date | School | Grade |
|------|--------------|------------|--------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please describe your student’s relationship with other members of the family:

If the student has received previous evaluations and/or interventions, please complete the following:

Please attach copies of other professional reports

| Name of Professional | Purpose (Speech, OT, PT, ADHD) | Year/age assessed/treated |
|----------------------|--------------------------------|---------------------------|
| | | |
| | | |
| | | |
| | | |

Student’s Physician or Pediatrician:

Name

Address Phone

EDUCATION

Student’s present school & address:

Student’s present grade in school: _____

Present teacher(s): _____

****Please attach your student's most recent report card****

List all other schools attended:

| School | Address | Grades | Year |
|--------|---------|--------|------|
| | | | |
| | | | |
| | | | |
| | | | |

Has the student skipped a grade? _____ Which one? _____

Has the student repeated a grade? _____ Which one? _____

Please describe any extra tutoring or special classes during the student's school years:

How much assistance does the student need with homework?

Who at home helps with homework? _____

When does the student prefer to study/do homework?(e.g., late at night? right after school?)

How much time is being spent on homework? _____

Where does the student prefer to study? _____

The student is happiest when: _____

The student is resistant or unhappy when: _____

List the student's greatest strengths; i.e., what things does he/she do well? _____

List the student's greatest weaknesses; i.e. in what areas does he/she have difficulty? _____

Does your student enjoy being in school?

What does your student see as his/her problem with school?

What are your educational goals for your student?

If the teacher has concerns, what are they? _____

What would you like to gain from this evaluation? _____

SCHOOL ADJUSTMENT

Select an answer that best describes your student, compared to most students of the same age:

| | | | |
|--|-------|-----------|--------|
| | Often | Sometimes | Rarely |
|--|-------|-----------|--------|

| | | | |
|---|--|--|--|
| Has your student had academic problems (low grades, reading problems, etc)? | | | |
| Has your student demonstrated inconsistent performance? | | | |
| Does your student learn something one day and forget it a few days later? | | | |
| Does your student get along with his/her teacher(s)? | | | |
| Does your student get along with classmates? | | | |
| Have there been any other significant classroom problems? | | | |
| Does your student receive special services at school? If so, what accommodations? | | | |

Describe any significant classroom or school adjustment problems:

ATTENTION, IMPULSIVITY & ACTIVITY

Select an answer that best describes your student, compared to most students of the same age:

| | Often | Sometimes | Rarely |
|--|-------|-----------|--------|
| Is your student easily distracted? | | | |
| Does your student pay attention well? | | | |
| Does your student have difficulty finishing projects once started? | | | |
| Does your student often seem to not hear what you have to say? | | | |
| Does your student move about excessively during sleep? | | | |
| Does your student's body seem to be in constant motion? | | | |
| Does your student talk excessively? | | | |
| Does your student have difficulty playing quietly? | | | |
| Does your student have difficulty remaining seated (e.g., meals, storytime, etc)? | | | |
| Does your student learn from experience? | | | |
| Does your student do things without thinking or act impulsively? | | | |
| Does your student often interrupt or intrude? | | | |
| Does your student have difficulty waiting his/her turn in games or group situations? | | | |

ADDITIONAL CONCERNS RELATED TO ATTENTION, IMPULSIVITY & ACTIVITY

Select an answer that best describes your student, compared to most students of the same age:

| | Often | Sometimes | Rarely |
|---|-------|-----------|--------|
| Does your student have trouble falling or staying asleep? | | | |

| | | | |
|--|--|--|--|
| Does your student repeat certain acts over and over? | | | |
| Does your student daydream excessively? | | | |
| Does your student twitch or have nervous moments? | | | |
| Does your student bite his/her fingernails or chew on objects? | | | |
| Does your student often complain of being tired? | | | |

Describe your concerns with Attention, Impulsivity and Activity levels:

DISRUPTIVE BEHAVIOR

Select an answer that best describes your student, compared to most students of the same age:

| | Often | Sometimes | Rarely |
|---|-------|-----------|--------|
| Does your student lose his/her temper? | | | |
| Does your student argue with adults? | | | |
| Does your student openly disobey authority? | | | |
| Does your student blame others for his/her mistakes? | | | |
| Is your student angry and resentful? | | | |
| Is your student stubborn? | | | |
| Does your student get easily annoyed by others? | | | |
| Does your student quietly defy authority even if they pretend or verbalize cooperation? | | | |
| Does your student procrastinate? | | | |
| Does your student respond to correction/redirection? | | | |

Describe your concerns with Disruptive Behavior and how your student responds to frustration:

FEARS & WORRIES

Select an answer that best describes your student, compared to most students of the same age:

| | Often | Sometimes | Rarely |
|--|-------|-----------|--------|
| Does your student have excessive separation anxiety? | | | |

| | | | |
|--|--|--|--|
| Is your student reluctant to attend school? | | | |
| Does your student worry excessively about future events? | | | |
| Does your student worry excessively about abilities (athletic, academic)? | | | |
| Does your student complain of aches and pains? | | | |
| Is your student easily embarrassed or self-conscious? | | | |
| Does your student have an excessive need for reassurance? | | | |
| Does your student have difficulty relaxing? | | | |
| Does your student suffer from anxiety attacks with heart pounding, shortness of breath, sweating, etc? | | | |
| Does your student have a fear of situations or strangers? | | | |
| Does your student have any other fears? (If so, please explain below) | | | |

Describe your concerns regarding Fears & Worries:

SOCIALIZATION

Select an answer that best describes your student, compared to most students of the same age:

| | Often | Sometimes | Rarely |
|---|-------|-----------|--------|
| Does your student show poor common sense in social situations? | | | |
| Does your student blame others for his/her own shortcomings? | | | |
| Does your student have an excessive desire to please authority? | | | |
| Does your student openly express anger? | | | |
| Is your student suspicious or distrustful? | | | |
| Is your student shy or withdrawn? | | | |
| Does your student have a low frustration tolerance? | | | |
| Does your student have excessive demands (attention, objects, etc)? | | | |
| Does your student cry, pout, whine, or sulk easily or frequently? | | | |
| Does your student avoid responsibility? | | | |
| Does your student have adequate self esteem? | | | |

Discuss your student's relationship with same-age peers:

STRENGTHS

Select an answer that best describes your student, compared to most students of the same age:

| | Often | Sometimes | Rarely |
|--|-------|-----------|--------|
| Has an even disposition | | | |
| Usually seems happy | | | |
| Enjoys new experiences | | | |
| Easily becomes involved in many activities | | | |
| Is friendly and outgoing | | | |
| Tolerates minor hurts without much complaint | | | |
| Plays well alone | | | |
| Enjoys playing with other children | | | |
| Shares or cooperates with others | | | |
| Accepts rules easily | | | |
| Shows much concern for others | | | |
| Plays gently with animals | | | |
| Asserts self when necessary | | | |
| Adapts easily to change | | | |
| Gets along well with adults | | | |
| Is trustworthy | | | |
| Knows right from wrong | | | |
| Is creative | | | |
| Is very persistent with enjoyable activities | | | |

Please describe your student’s strengths and talents. What do others like about your student?

LEARNING AREAS: Reading

Select an answer that best describes your student, compared to most students of the same age:

| | Often | Sometimes | Rarely | N/A |
|--|-------|-----------|--------|-----|
| Did your student have difficulty learning to read? Or, is your student currently experiencing difficulty with the acquisition of basic reading skills? | | | | |
| Does your student avoid reading? | | | | |
| Does your student confuse similar words/letters? | | | | |
| Does your student have difficulty associating a letter with its sound? | | | | |
| Does your student forget words he/she knew before? | | | | |
| Does your student ever “pretend to be reading?” That is, making up what he/she is reading in the text to give the impression of reading. | | | | |
| Has your student ever experienced difficulty with decoding individual words (i.e. sounding out a single word)? | | | | |
| Has your student ever experienced difficulty blending two or more sounds? | | | | |
| Has your student ever experienced difficulty identifying two words that rhyme? | | | | |
| Does your student make guesses based on the first letter of an unfamiliar word without sounding it out? | | | | |
| Does your student lose his/her place while reading? | | | | |
| Does your student use context to identify words? | | | | |
| Does your student frequently guess at words? | | | | |
| Can your student retell a story that he/she has read? | | | | |
| Can your student recall relevant details from a passage? | | | | |
| Can your student provide possible outcomes in an unfinished story? | | | | |
| Can your student sequence events in a story? | | | | |
| Does your student demonstrate an inability to finish reading tasks within a reasonable amount of time? | | | | |

Describe your student’s challenges in reading:

LEARNING AREAS: Writing and Spelling

Select an answer that best describes your student, compared to most students of the same age:

| | Often | Sometimes | Rarely | N/A |
|--|-------|-----------|--------|-----|
| Does your student reverse letters in words? | | | | |
| Does your student incorrectly order letters in words? | | | | |
| Does your student forget words he/she knew before? | | | | |
| Does your student use spelling that does not demonstrate a knowledge of phonics? | | | | |
| Can your student spell words with irregular spelling patterns ("-ight" "-tch") | | | | |
| Does your student correctly use punctuation in his/her writing? | | | | |
| Does your student's writing demonstrate correct grammatical structure (verb tense, subject/verb agreement)? | | | | |
| Can your student write an organized composition (i.e., use a paragraph structure with topic sentences and supporting details?) | | | | |
| Does your student find and correct errors in his/her writing? | | | | |
| Does your student's writing include age-appropriate vocabulary? | | | | |
| Is your student's handwriting legible? | | | | |
| Can your student copy from the board or another source? | | | | |
| Does your student's ability to express themselves in writing match his/her ability to express themselves in words? | | | | |
| Does your student have trouble writing on a line? | | | | |
| Does your student have difficulty with spacing his/her letters? | | | | |
| Does your student have difficulty expressing him/herself in writing? | | | | |
| Is your student slow in completing written work? | | | | |

Describe your student's challenges with writing and spelling:

LEARNING AREAS: Mathematics

Select an answer that best describes your student, compared to most students of the same age:

| | Often | Sometimes | Rarely | N/A |
|---|-------|-----------|--------|-----|
| Did your student (or does your student currently) experience difficulty with counting objects or identifying sets of objects? | | | | |
| Does your student make errors when regrouping, including column alignment, and carrying numbers? | | | | |
| Does your student require excessive repetition of math facts for learning? | | | | |
| Does your student have difficulty retrieving math facts? | | | | |
| Does your student have difficulty making charts or graphs? | | | | |
| Does your student use inefficient or ineffective strategies when solving simple problems? | | | | |
| Does your student get the same problem wrong after solving it correctly before? | | | | |
| Does your student use less mature procedures for computations (counting on fingers, counting all, tally marks) | | | | |
| Does your student have difficulty with story problems? | | | | |
| Does your student have difficulty with spatial math (i.e. geometry)? | | | | |
| Can your student use a variety of strategies to solve word problems? | | | | |
| Can your student identify key information in a word problem? | | | | |
| Can your student estimate an answer or identify when they have given an illogical answer for a word problem? | | | | |
| Does your student check his/her math work for errors? | | | | |

Describe your student's challenges in math:

LANGUAGE

Select an answer that best describes your student, compared to most students of the same age:

| | Often | Sometimes | Rarely |
|---|-------|-----------|--------|
| Does your student have difficulty remembering names and/or words? | | | |
| Does your student hesitate before speaking? | | | |
| Does your student have difficulty finding the right word for things? | | | |
| Does your student have articulation difficulties? | | | |
| Does your student have difficulty telling stories or describing things? | | | |
| Does your student have difficulty following written directions? | | | |
| Does your student easily understand jokes or stories? | | | |

Comments regarding previous questions about language:
