

SUPPLEMENT A

School For School Age Only

Name _____

Name of child/child _____

Length of time attended this school _____

Number of different schools child has attended since kindergarten _____

Name of current school contact person (teacher, principal, etc.) _____

My child _____

(Mark with an X only if statement is true or mostly true.)

- | | |
|--|---|
| _____ has difficulty with grades | _____ has difficulty in changing memory for spelling, capital letters, studying, etc. longer than 30 sec. |
| _____ has difficulty with listening and/or study habits | _____ has difficulty memory for what he/she has read (comprehension or understanding) |
| _____ has problems with behavior at school | _____ has difficulty memory in math |
| _____ gets suspended or has notes sent home due to behavior | _____ confusion of math functions (division, multiplication tables, carrying and regrouping) |
| _____ fails at school | _____ has trouble reading left to right |
| _____ receives reports indicating he/she is not working to full potential or ability | _____ can't tell time by clock hands |
| _____ has difficulty completing homework | _____ had trouble counting or learning ABC's |
| _____ completes homework, but forgets it or leaves it before turning it in | _____ has trouble with days of the week, months of the year |
| _____ receives such letters as fail, needs to (2%, or needs to re-write) | _____ does poorly with phonics (soundings and words) at school |
| _____ has many handwriting or math school notes | _____ receives similar letters, numbers, shapes, or words |

Circle what usually applies to your child on the report card:

Classroomwork habits _____

Grade _____

NA, N, or F

P, D, C, W, S, O, M, or below level

What do you think would be helpful solving your child's school problem? _____

How long has your child had this problem? _____