SUPPLEMENT A

School
For School Age Only

Grade
Name of child's school
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 with citizenship and/or study habits.
- has problems with behavior at school.
- gets suspended or has notes sent home due to behavior.
- dislikes school.
- receives reports indicating he/she is not working to full potential or ability.
- has difficulty completing homework.
- completes homework but forgets it or loses it before turning it in.
- reverses such letters as b/d, numbers (6/9), or words (was/saw).
- has messy handwriting or avoids written tasks.
- has fluctuating or changing memory for spelling. (spells OK while studying, but forgets the next day)
- has fluctuating memory for what he/she just read. (comprehension or understanding).
- has fluctuating memory in math. (ordering of math functions) division, multiplication tables, carrying and regrouping)
- has trouble reading left to right.
- can't tell time by clock hands.
- had trouble counting or learning ABC's.
- has trouble with days of the week, months of the year.
- does poorly with phonics (sounding out words) in school.
- confuses similar letters, numbers, shapes, or words.

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

Citizenship/study habits

NI, S, S-, H

Grades

F's, D's, C's, B's, A's, NI, or below level

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

About how long has your child had this problem?
(Circle) school services you or your child needs:
counseling, vocational services meeting more with school or community
"home notes" occupational services understanding IEP's & due process
testing speech/language after school programming,
physical therapy occupational services vocational services or work training
speech/language parent conference self-management training
other (please list) group self-esteem transition services
legal center resource support person
other please list

My child . . .
_______ has more problems during free, unplanned time such as the following: playground, lunchroom,
hallways, before & after school (circle)
_______ has stress in school. (little 1 2 3 4 much) (Circle)
_______ has the following special helps: Resource pullout one-on-one class IEP computer calculator
tutor social skills group scribe (to take notes) learning strategies class (TLC)
tapes (talking books) support person (Circle)
_______ has benefited mostly from which of the above resources: ________________________________
_______ has very good teachers now. Please (Circle) how many: none 1 2 many
_______ likes the following number of school subjects: none 1 2 many (Circle)
_______ has extreme difficulty at school with the following number of subjects: none, 1, 2, many
(Circle)
_______ fails to attend school regularly; misses many days.
_______ has failed a grade. If yes, what grade?_______
_______ parent-child homework frustration: How much time each night is spent on homework? (circle)
15 min, 1/2 hr., 1 hr. 2 hrs, more.
Rate the degree of frustration that's felt during homework times: mild 1 2 3 4 5 frantic
_______ Parent(s) had negative experiences in their own school years.